

## SDHSC-SMART Form

The workgroup developed the following guide for the assessment of patients presenting to the emergency department with psychiatric symptoms to determine the patient is medically stable and appropriate for transfer out of the emergency department to further psychiatric care. This guide is primarily intended for use in the medical assessment of patients who are age 16 or older.

**No changes to this form are permitted.**

Description of Medical Clearance Status	
Status	Description
<b>Green</b> 	All responses to Part 1 of Medical Clearance Guide are negative. The individual is considered medically stable for inpatient psychiatric admission <b><u>without need for additional diagnostic studies</u></b> .
<b>Yellow</b> 	There are one or more positive findings to Part 1 and/or Part 2 of the Medical Clearance Guide, and the individual is determined to be medically stable for inpatient psychiatric admission based on the clinician's medical assessment with or without further diagnostic studies as medically indicated by the transferring clinician. The clinician is responsible for explaining all Part 1 and 2 abnormalities in Part 3 of the guide. Individuals with this status may have acute, chronic, or acute on chronic medical conditions but would otherwise be <b><u>considered appropriate for discharge from the emergency department</u></b> except for the behavioral health condition.
<b>Red</b> 	This status is for patients <b><u>who meet criteria for medical admission</u></b> . The transfer of this individual to an inpatient psychiatric facility is inappropriate until the individual's underlying medical condition has been adequately treated. These patients include, but are not limited to: <ul style="list-style-type: none"> <li>• Individuals with clinically unstable vital signs</li> <li>• Individuals who have experienced a drug overdose and are in need of medical monitoring and/or treatment (consistent with poison control consultation)</li> <li>• Individuals who acutely require supplemental oxygen</li> <li>• Individuals who require intravenous fluids and/or medications,</li> <li>• Individuals with other similar acute exacerbations of chronic conditions</li> </ul>

### Instructions for the Form

The medical provider should enter the patient's demographic information and complete the Part 1 screen. Patients with negative findings ("No" selected for each item in Part 1) are considered medically stable and do not require further medical workup prior to inpatient psychiatric admission: the medical provider should sign the bottom of part 1. Any positive finding ("Yes" selected in Part 1) **may** warrant further diagnostic studies (Part 2), and the medical provider should proceed to Part 2. Any positive findings from Part 1 or Part 2 **require** a medical provider's explanation (Part 3) regarding the abnormal finding, the clinical significance, and the disposition plan and completion of the attestation in Part 4.

Please report any issues to HSC Admissions, 605-668-3138.

## SDHSC-SMART Form

Part 1(b) Adopted from Michigan Department of Health and Human Services MI-SMART Project

	No*	Yes	Time Resolved
<b>Suspect <u>New Onset</u> Psychiatric Condition?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Medical Conditions that Require Screening?</b>	2		
Diabetes (FSBS less than 60 or greater than 250) .....			
Possibility of pregnancy (age 12-50) .....			
Other complaints that require screening .....			
<b>Abnormal:</b> .....	3		
<b>Vital Signs?</b>			
Temp: greater than 38.0°C (100.4°F) .....			
HR: less than 50 or greater than 110 .....			
BP: less than 100 systolic or greater than 180/110 (2 consecutive readings 15 min apart) .....			
RR: less than 8 or greater than 22 .....			
O <sub>2</sub> Sat: less than 95% on room air .....			
<b>Mental Status?</b>			
Cannot answer name, month/year and location (minimum A/O x 3) .....			
If clinically intoxicated, HII score 4 or more? (next page) .....			
<b>Physical Exam (unclothed)?</b>			
<b>Risky Presentation?</b> .....	4		
Age less than 12 or greater than 55 .....			
Possibility of ingestion (screen all suicidal patients) .....			
Eating disorders.....			
Potential for alcohol withdrawal (daily use equal to or greater than 2 weeks) .....			
Ill-appearing, significant injury, prolonged struggle or "found down" .....			
<b>Therapeutic Levels Needed?</b> .....	5		
Phenytoin .....			
Valproic acid .....			
Lithium .....			
Digoxin .....			
Warfarin (INR) .....			

\* If ALL five SMART categories are checked "NO" then the patient is considered medically cleared and no testing is indicated. If ANY category is checked "YES" then appropriate testing and/or documentation of rationale must be reflected in the medical record and time resolved must be documented above.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Completed by: \_\_\_\_\_ Medical Provider \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Part 2: Additional Diagnostic Studies (When Clinically Indicated)						
Ordered	Abnormal*	Laboratory Study	Ordered	Abnormal*	Diagnostic	Detail
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	CBC	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	X-Ray	[Body Part]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	CMP	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	CT/CTA	[Body Part]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Urinalysis	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	MRI/MRA	[Body Part]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Urine Culture	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Ultrasound	[Body Part]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Urine Drug Screen	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	EKG	[QTC Value]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Urine Pregnancy	Ordered	Abnormal*	Other Study	Detail
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Beta hCG	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	BAL	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Liver Function Test	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Ammonia	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	TSH	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Acetaminophen	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Salicylate	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Valproic Acid	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Lithium	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Phenytoin	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Troponin	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	ABG	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]

**Part 3: Medical Clearance Explanation/Plan (Required for Positive Part 1 and Part 2 Findings)**

See additional documentation in emergency department medical record

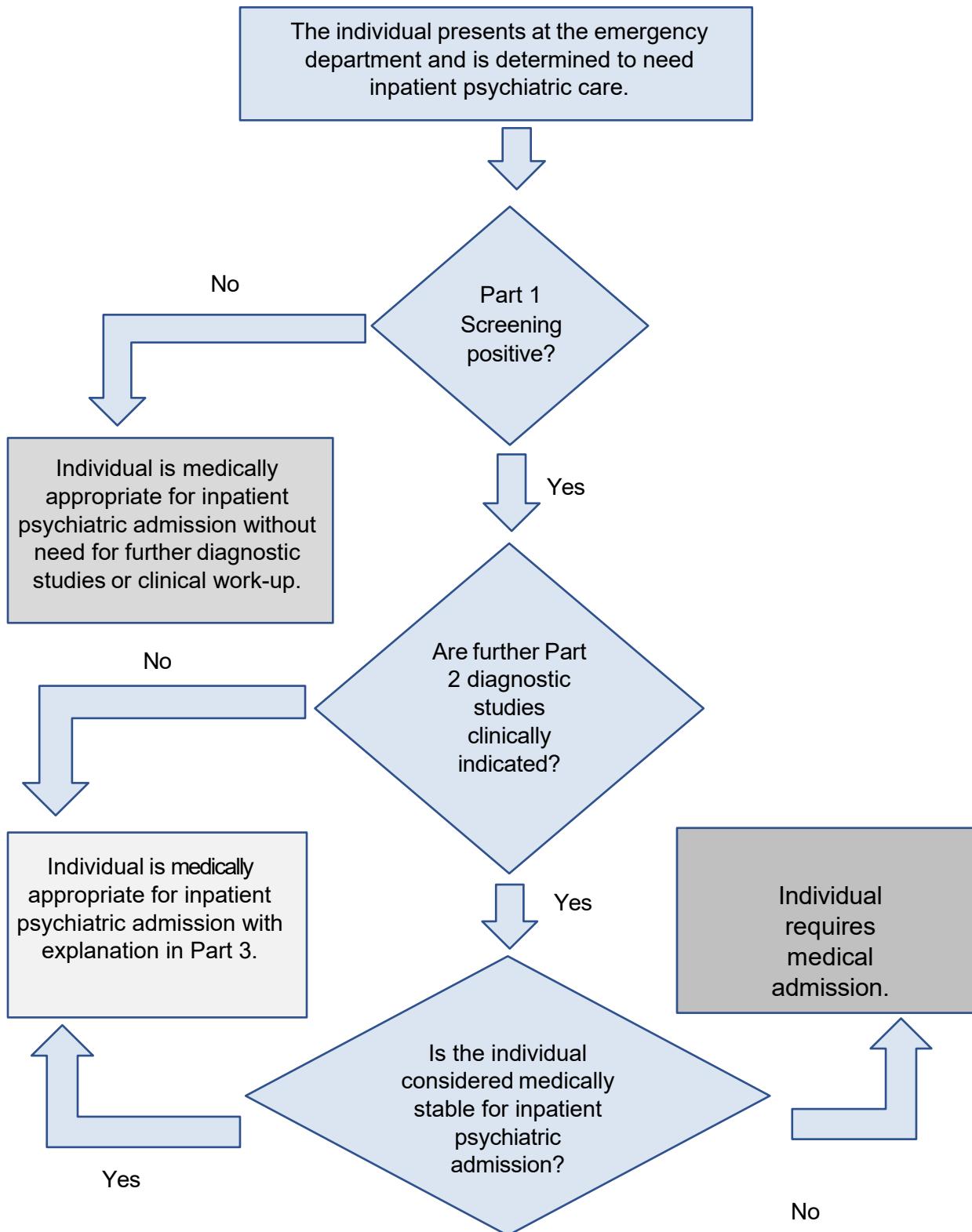
\*Clinically Significant Abnormality

**Part 4: Medical Clearance Attestation**

This individual has undergone an emergency department medical screening evaluation and has been determined to be medically appropriate for inpatient psychiatric hospitalization. There is no indication for non-psychiatric hospitalization at this time. If there is a change in the individual's condition, further medical evaluation may be indicated.

Name		Organization	
Signature		Date	

## DIAGRAM OF THE WORKFLOW FOR THE MEDICAL ASSESSMENT FOR PSYCHIATRIC ADMISSION



**SDHSC's Medical Clearance SMART Initiative**  
**Hack's Impairment Index (HII Score)**

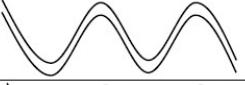
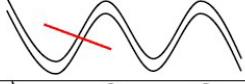
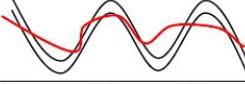
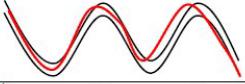
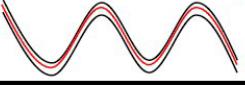
<b>Hack's Impairment Index (HII Score)</b>					
Date:	Time →	0)	1)	2)	3) 4)
<b>Gross Motor Function</b>					
Unable to cooperate; cannot sit up	4	4	4	4	4
Can sit up, but unsteady	3	3	3	3	3
Can sit up steadily	2	2	2	2	2
Can stand and walk, but unsteady	1	1	1	1	1
Can stand and walk steadily	0	0	0	0	0
<b>Mentation and Speech</b>					
Unable to cooperate; unintelligible speech/moans	4	4	4	4	4
Slurred speech; does not make sense	3	3	3	3	3
Slurred speech; answers some questions	2	2	2	2	2
Imperfect speech; answers most questions	1	1	1	1	1
Baseline speech; lucid and appropriate	0	0	0	0	0
<b>Tracing Curve</b>					
Unable to participate	4	4	4	4	4
Makes mark on paper	3	3	3	3	3
Traces mostly outside of line	2	2	2	2	2
Traces mostly inside lines	1	1	1	1	1
Traces curve perfectly	0	0	0	0	0
<b>Nystagmus</b>					
Unable to participate	4	4	4	4	4
Profound nystagmus/can't follow finger with eyes	3	3	3	3	3
Moderate nystagmus/follows finger for short distance only	2	2	2	2	2
Minimal nystagmus/follows finger with eyes whole time	1	1	1	1	1
No nystagmus/follows finger with eyes whole time	0	0	0	0	0
<b>Finger to Nose</b>					
Unable to participate	4	4	4	4	4
Grossly unsteady/misses targets	3	3	3	3	3
Unsteady and inaccurate/barely touches targets	2	2	2	2	2
Steady/touches targets, but inaccurate	1	1	1	1	1
Steady/accurately touches targets	0	0	0	0	0
<b>Total Score</b>					
<b>Health Care Provider Initials</b>					

**SDHSC's Medical Clearance SMART Initiative**  
**Hack's Impairment Index (HII Score)**

**Gross Motor Function**

Unable to cooperate; cannot sit up	 	4
Can sit up, but is unsteady	 	3
Can sit up and is steady, but cannot stand	 	2
Can stand or walk, but is unsteady	 	1
Can stand and walk and is steady		0

**Tracing Curve**

Unable to participate		4
Makes mark on paper		3
Traces mostly out side of line		2
Traces mostly inside lines		1
Traces curve perfectly		0

## SDHSC's Medical Clearance SMART Initiative Hack's Impairment Index (HII Score)

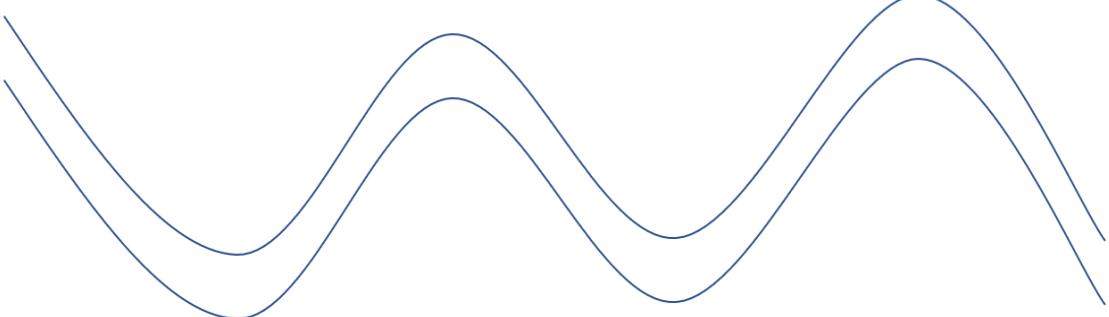
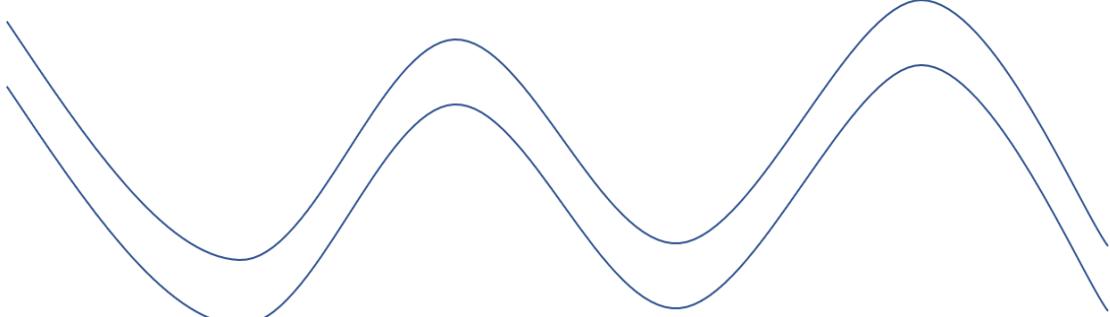
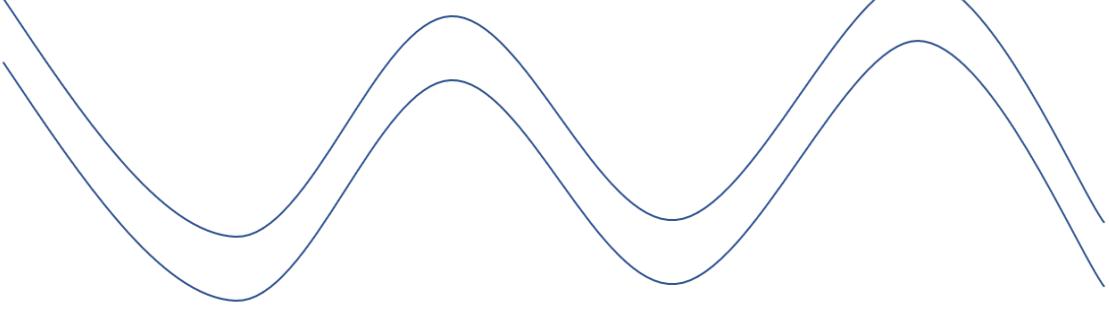
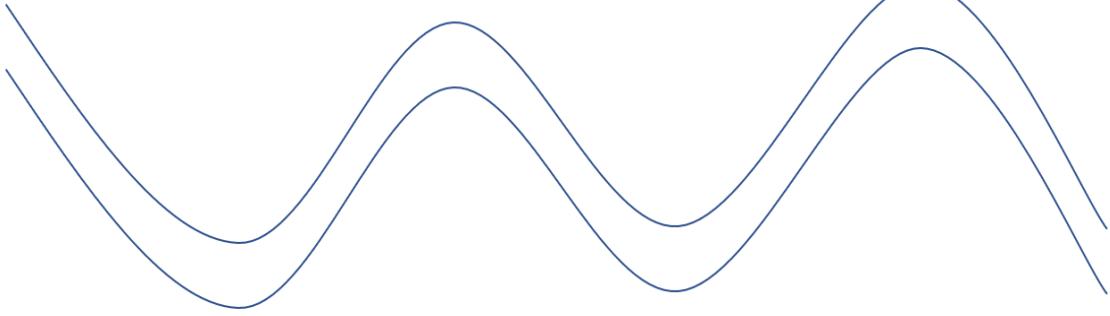
### Nystagmus

Unable to participate		4
Profound nystagmus; unable to follow finger with eyes		3
Moderate nystagmus; only follows finger with eyes for short distance		2
Minimal nystagmus; follows finger with eyes whole time		1
No nystagmus; Follows finger with eyes whole time		0

### Finger to Nose

Unable to participate		4
Grossly unsteady; Misses finger to target		3
Unsteady; Inaccurate/barely touches target		2
Steady; Inaccurate but touches target		1
Steady; Accurate finger to target		0

**SDHSC's Medical Clearance SMART Initiative  
Hack's Impairment Index (HII Score)**

Tracing Curve Outline	Time
	
	
	
	

## SDHSC– SMART Guidelines for Clinical Use

**Introduction:** SDHSC–SMART is a consensus-based guideline to standardize the medical assessment of individuals determined to be in need (or potential need) of inpatient psychiatric hospitalization—after the patient has sought care in an emergency department. SDHSC-SMART incorporates the SMART clinical criteria for patient assessment allowing for a consistent process for screening for acute medical conditions, which may impact psychiatric hospitalization. SDHSC-SMART consists of a 4-part process intended to facilitate patient admission/transfer, improve communication between clinicians, and reduce costs associated with unnecessary diagnostic testing. Following completion of the SDHSC-SMART assessment, patients will be classified into one of three categories: GREEN THUMPS UP (medically appropriate for psychiatric admission without need for further diagnostic testing), YELLOW CAUTION SIGN (medically appropriate for psychiatric admission after further diagnostic testing and/or clinical explanation of medical condition), RED STOP SIGN (admission to a psychiatric unit contraindicated until medical conditions are resolved).

**Overview of Clinical Process:** Following the initial assessment of an individual determined to be in real or potential need for inpatient psychiatric hospitalization, the clinician will complete SDHSC-SMART Parts 1 to 4.

1. Complete Part 1 following a comprehensive medical history, a thorough physical examination, and completion of the H-Impairment Index (HII) for clinical intoxication from alcohol (see below).
2. Patients screening negative for all SMART criteria are classified as GREEN THUMPS UP, considered medically appropriate for psychiatric admission without the need for further diagnostic testing.
3. Patients with one or more positive SMART criteria may need further clinically indicated diagnostic studies and require further clinician explanation in order for them to be categorized as YELLOW CAUTION SIGN, medically appropriate for psychiatric admission.
4. Based on clinically significant abnormal diagnostic test results and/or other clinical findings (e.g., persistently concerning vital sign abnormality) the patient may be determined to be RED STOP SIGN, inappropriate for psychiatric admission until underlying condition(s) resolved.
5. Upon completion of the medical evaluation, the clinician completes SDHSC-SMART Parts 1 through 4, with sufficient documentation provided for YELLOW CAUTION SIGN patients in Part 3 (or in the medical record) to justify medical appropriateness for psychiatric admission.
6. Once SDHSC-SMART is completed, it is used to communicate the patient’s medical status to potential accepting facilities.
7. If the receiving facility clinician has concerns regarding the explanation provided for YELLOW CAUTION SIGN patients, the receiving clinician should contact the admitting/transferring clinician for a patient-oriented discussion between the referring and receiving clinicians.

## **Detailed Instructions for Completing SDHSC-SMART Parts 1-**

### **4 Part -1 – SMART Criteria**

Suspect New Onset of Psychiatric Condition is based on patient's history and review of available medical records. If new onset of psychiatric condition is suspected, patient cannot be considered category GREEN THUMBS UP and further clinical evaluation and explanation of medical stability is required.

Medical Conditions that Require Screening includes the following with positive items precluding category GREEN THUMBS UP and further clinical evaluation and explanation of medical stability is required.

- Diabetes (FSBS less than 60 or greater than 250)
- Possibility of pregnancy (age 12-50) – Pregnancy testing indicated unless documented history of hysterectomy.
- Other complaints requiring screening includes (but not limited to):
  - Concurrent medical concerns/condition?
  - Diabetes with BG < 60, > 250, DKA or treatable hypoglycemia within 2 weeks?
  - Asthma/COPD with complaint of dyspnea beyond baseline?
  - Thyroid disease with clinical features of hyper or hypothyroidism?
  - Stroke with new neurologic symptoms or deficits?
  - Chronic pain with acute exacerbation?
  - Specialty nursing needs (e.g., fall risk, walk assist, ostomy care, feeding tube, wound care, catheter care, regular glucose checks, home oxygen, home nebulizers, CPAP, etc. any of which may flag further assessment)?

Abnormal status in the following areas requires the clinician to conduct a thorough examination, including:

- Vital Signs
  - Temp: greater than 38.0°C (100.4°F)
  - HR: less than 50 or greater than 110
  - BP: less than 100 systolic or greater than 180/110 (2 consecutive readings 15 min apart)
  - RR: less than 8 or greater than 22
  - O2 Sat: less than 95% on room air
- Mental Status
  - Cannot answer name, month/year, and location (minimum A/O x 3)
  - If clinically intoxicated, HII score 4 or more? (see below)
- Thorough physical examination including but not limited to:
  - Acute trauma (visible injury, including minor trauma)
  - Abnormal breath / heart sounds
  - Cardiac dysrhythmias (including brady/tachycardia, atrial fibrillation/flutter)
  - Skin/vascular (including acute rash, diaphoresis, pallor, cyanosis, edema, ulcers)
  - Abdominal pain/tenderness
  - Abnormal neurological exam (ataxia, pupil symmetry/size, nystagmus, paralysis, gait instability, fluency of speech, meningeal signs, ataxia)
  - Other clinically significant abnormal finding (explain in Part 3)

**Risky Presentation** assessment includes any of the following:

- Age less than 12 or greater than 55
- Possibility of ingestion (screen all suicidal patients)
  - Assess for impairment potentially related to substance use.
  - Laboratory testing for acetaminophen and salicylates indicated when suicidal, evidence of major depression, and/or suspicion of overdose.
- Eating disorders
- Potential for alcohol withdrawal (daily use equal to or greater than 2 weeks)
- Ill-appearing, significant injury, prolonged struggle, or “found down”

**Therapeutic Levels Needed** for patients taking (or potentially taking) the following medications:

- Phenytoin
- Valproic acid
- Lithium
- Digoxin
- Warfarin (INR)

## **Part-2 - Additional Diagnostic Studies (when clinically indicated)**

- Laboratory studies
  - Select studies ordered
  - Identify studies that are abnormal and explain abnormal results under Part 3
    - Unselected ordered studies indicate normal results
- Imaging studies
  - Select if plain x-rays, CT/CTA, MRI/MRA, or ultrasound ordered
  - Specify body area imaged or “multiple” (if appropriate) and describe in Part 3
  - Identify studies that are abnormal and explain abnormal results under Part 3
    - Unselected ordered studies indicate normal results
    - “Abnormal” is intended to mean clinically significant such that further immediate emergency department or in-patient medical evaluation/treatment is warranted if the patient were otherwise appropriate for discharge from the emergency department.
- EKG
  - Select if obtained
  - Identify if abnormal EKG, describe abnormality, and explain clinical significance in Part 3
  - Provide corrected QT interval for all EKGs obtained
- Other Diagnostic Studies
  - Report other diagnostic studies obtained
  - Identify any abnormal results, describe abnormal results, and explain clinical significance in Part 3

### **Part 3 - Part 3: Medical Clearance Explanation/Plan**

- Required for positive Part 1 and abnormal Part 2 findings.
- Clinician should provide sufficient explanation of positive/abnormal findings to allow receiving clinician to understand clinical significance.
- Clinician should provide medical management plan for conditions not requiring medical hospitalization (e.g., UTI, URI, etc.)
- Clinicians may refer to electronic medical record for additional details, especially for more complex medical conditions.
- Electronic medical record with sufficient medical information and medical decision-making process description should be attached to SDHSC-SMART form provided to potential accepting facilities.

### **Part 4 – Medical Clearance Attestation**

- The referring clinician should complete the “Medical Clearance Attestation” signifying that there is no indication for non-psychiatric hospitalization.
- The Medical Clearance Attestation (and appropriate clinical re-assessment) should be repeated by the admitting/transferring facility every 24 hours until the patient is admitted/transferred.

**Clinician Discrepancies from Part 3:** In the event a potential admitting/receiving clinician has concern over the explanation provided in Part 3, the (potential) receiving clinician (physician or APP) should contact the transferring clinician for a patient-oriented discussion between the referring and admitting/receiving clinicians. This process of direct collegial communication between clinicians is intended to enhance patient care and safety as well as clarify perspectives of both clinicians. It is anticipated that the receiving clinician is receptive to the medical explanation and plan provided by the transferring clinician. Similarly, the transferring clinician should be receptive to requests for clarification and/or reasonable additional diagnostic studies when clinically indicated.

**HII:** The Hack’s Impairment Index (HII) is a tool used to formally assess clinical intoxication from alcohol. This should be completed on all patients that are clinically intoxicated (and/or provide history of recent alcohol or drug use). This should be repeated as needed until the HII is less than four. Blood or breath alcohol testing is not required for medical clearance unless otherwise clinically indicated.

**Drug Testing:** Emergency Medicine practice recommendations indicate that routine drug testing is rarely indicated for medical clearance of psychiatric patients. Additionally, patients unable or unwilling to provide a sample for analysis may potentially be subject to physical and psychological trauma associated with forceful, involuntary sample acquisition. However, psychiatrists have indicated that this testing, while perhaps not essential to the medical clearance process, is often valuable for fully assessing

the admitted patient and developing an appropriate treatment plan. *SDHSC-SMART does not require mandatory drug testing as part of the medical clearance process. However, whenever possible, referring facilities should attempt to obtain drug screens on patients to facilitate the transition to in-patient care. This should not impact the medical clearance process nor delay acceptance for in-patient admission.*

**Time Resolved:** The time resolved column pertains to any positive finding. For those findings, it is necessary to record the time resolved or the last time an action was taken to address the item. Part 3 of the form offers space for additional details or an explanation. While this may seem burdensome, it is necessary in order to facilitate effective communication across partners. Please note, a person who falls outside the 12 to 55 age range will be marked as “yes” but this does not require a time stamp within the time resolved column. Rather, like all positive findings, additional details and an explanation should be provided in Part 3.

**Role of Key Partners:** The SDHSC-SMART Form requires the collaboration of multiple disciplines and partners. The medical provider completes the SDHSC-SMART Form. They will also need to answer any questions that SDHSC has on the patient’s SDHSC-SMART Form. SDHSC accepts the form as proof that the patient is medically cleared for admission. In addition, if SDHSC has questions on the form, they will reach out to the completing medical provider.