

Involuntary Admission: The Power of the Pink Slip

by Shelah Rote-Radke

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Objectives:

- ✦ 1. Recognize the key elements of the county-wide education initiative on involuntary hospitalization applications
- ✦
- ✦ 2. Understand the legal background, basis, and scope of involuntary admission
- ✦
- ✦ 3. Gain practical knowledge about the involuntary admission process, and potential alternatives.

5122.10 Emergency hospitalization.

Any psychiatrist, licensed clinical psychologist, licensed physician, health officer, parole officer, police officer, or sheriff may take a person into custody, or the chief of the adult parole authority or a parole or probation officer with the approval of the chief of the authority may take a parolee, an offender under a community control sanction or a post-release control sanction, or an offender under transitional control into custody and **may immediately transport** the parolee, offender on community control or post-release control, or offender under transitional control **to a hospital** or, notwithstanding section 5119.20 of the Revised Code, to a general hospital not licensed by the department of mental health where the parolee, offender on community control or post-release control, or offender under transitional control **may be held for the period prescribed in this section**, if the psychiatrist, licensed clinical psychologist, licensed physician, health officer, parole officer, police officer, or sheriff **has reason to believe that the person is a mentally ill person subject to hospitalization by court order** under division (B) of section 5122.01 of the Revised Code, **and represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.**

A written statement shall be given to such hospital by the transporting psychiatrist, licensed clinical psychologist, licensed physician, health officer, parole officer, police officer, chief of the adult parole authority, parole or probation officer, or sheriff **stating the circumstances under which such person was taken into custody and the reasons for the psychiatrist's, licensed clinical psychologist's, licensed physician's, health officer's, parole officer's, police officer's, chief of the adult parole authority's, parole or probation officer's, or sheriff's belief. This statement shall be made available to the respondent or the respondent's attorney upon request of either.**

Every reasonable and appropriate effort shall be made to take persons into custody in the least conspicuous manner possible. A person taking the respondent into custody pursuant to this section shall explain to the respondent: **the name, professional designation, and agency affiliation of the person taking the respondent into custody; that the custody-taking is not a criminal arrest; and that the person is being taken for examination by mental health professionals at a specified mental health facility identified by name.**

If a person taken into custody under this section is transported to a general hospital, the general hospital **may admit the person**, or provide care and treatment for the person, or both, notwithstanding section 5119.20 of the Revised Code, **but by the end of twenty-four hours after arrival at the general hospital, the person shall be transferred** to a hospital as defined in section 5122.01 of the Revised Code.

A person transported or transferred to a hospital or community mental health agency under this section **shall be examined by the staff** of the hospital or agency **within twenty-four hours after arrival at the hospital** or agency. If to conduct the examination requires that the person remain overnight, the hospital or agency shall admit the person in an unclassified status until

making a disposition under this section. **After the examination, if the chief clinical officer of the hospital or agency believes that the person is not a mentally ill person subject to hospitalization by court order, the chief clinical officer shall release or discharge the person immediately** unless a court has issued a temporary **order of detention** applicable to the person under section 5122.11 of the Revised Code. After the examination, if the chief clinical officer believes that the person is a mentally ill person subject to hospitalization by court order, **the chief clinical officer may detain the person for not more than three court days following the day of the examination and** during such period **admit the person as a voluntary patient** under section 5122.02 of the Revised Code **or file an affidavit** under section 5122.11 of the Revised Code. If neither action is taken and a court has not otherwise issued a temporary order of detention applicable to the person under section 5122.11 of the Revised Code, the chief clinical officer shall discharge the person at the end of the three-day period unless the person has been sentenced to the department of rehabilitation and correction and has not been released from the person's sentence, in which case the person shall be returned to that department.

Effective Date: 01-01-2004

A mentally ill individual may be involuntarily brought to a mental health facility by police or sheriff based on information given by another observer.

Anderson's Ohio Probate Practice and Procedure Section 35.03

“When determining a basis for emergency hospitalization, police or sheriff may rely on statements of observers...”

Ohio Attorney General Opinion 1979 - #79-021

A psychiatric assessment for involuntary admission must be done in person if it is performed by a psychiatrist:

A psychiatrist is held to a stricter standard of professionalism, and may not allow his or her certification to be used to involuntarily treat a patient without personal examination of the person:

See Section 7, Part 4. *The Principles of Medical Ethics: With Annotations Especially Applicable to Psychiatry*. 2008 Ed. American Psychiatric Association.

<http://www.psych.org/MainMenu/PsychiatricPractice/Ethics/ResourcesStandards/PrinciplesofMedicalEthics.aspx>

“The psychiatrist may permit his or her certification to be used for the involuntary treatment of any person only following his or her personal examination of that person. To do so, he or she must find that the person, because of mental illness, cannot form a judgment as to what is in his/her own best interests and that, without such treatment, substantial impairment is likely to occur to the person or others.”

See also Opinions of the Ethics Committee on *The Principles of Medical Ethics: with annotations especially applicable to psychiatry*. 2009 Edition, APA. www.psych.org

TEMPORARY DETENTION:

24 HOUR EMERGENCY HOLD OR "PINK-SLIPPING": Person taken into custody or involuntarily detained in a general hospital must be (1) released or (2) transferred to a mental health center or a hospital certified by ODMH within 24 hours of detention. (ORC 5122.10).

Person MAY sign for VOLUNTARY ADMISSION prior to expiration of 24 hour time period. (ORC 5122.02)



ADDITIONAL 24 HOUR EXAM PERIOD: Person brought to mental health center or psychiatric unit under an emergency hold must be examined within 24 hours of arrival. (ORC 5122.10)

3 "COURT DAY" HOLD: After examination, if CCO believes person is "mentally ill subject to hospitalization by court order," the person may be detained for up to 3 court days following the day of examination. (ORC 5122.10)

RELEASE: After examination, if CCO believes the person is "not mentally ill subject to hospitalization by court order," the person shall be immediately released or discharged unless the probate court has issued a temporary order of detention under ORC 5122.11.

Prior to expiration of 3 court days, one of the following must occur (ORC 5122.10):

Person is released.

Person admitted as voluntary.

Note: when a voluntary patient whose medical or psychological needs are found by the CCO to warrant transfer refuses to be transferred to an alternate facility, the cco may file an affidavit for a hearing under 5122.11. (ORC 5122.20)

An affidavit must be filed with the probate court requesting a civil commitment hearing pursuant to ORC 5122.11.

See **ORDERS OF DETENTION**

ORDERS OF DETENTION:

An AFFIDAVIT is filed with the Probate Court requesting a civil commitment hearing pursuant to ORC 5122.11.

Probate Court shall (ORC 5122.11 and 5122.13?):

Conduct an ex parte review of the affidavit
Find that the information contained in the affidavit appears to be credible; and,
Find probable cause to believe that the person is "mentally ill subject to hospitalization by court order" as defined in ORC 5122.141.

TEMPORARY ORDER OF DETENTION (TOD): Probate Court finds the person (respondent) is mentally ill subject to hosp. and issues a TOD. (ORC 5122.11)

RELEASE: Probate Court finds person is not mentally ill subject to hosp, must be released immediately. (ORC 5122.11)

Court orders any health officer or police officer/sheriff to take respondent into custody and transport. (ORC 5122.11)

Set for hearing within **5 COURT DAYS** on which respondent was detained or affidavit was filed (whichever occurs first). (ORC 5122.141). This hearing may be waived pursuant to ORC 5122.141(E).

Court may order a continuance of hearing no more than **10 DAYS** from detention or affidavit filed

INTERIM ORDER OF DETENTION: Court finds respondent is mentally ill and issues an Interim Order. (ORC 5122.141(D)).

Court finds respondent **not** mentally ill, immediate release. (ORC 5122.141(C))

Full hearing must be conducted within **30 days of original involuntary detention.** (ORC 5122.141(E)).

RELEASE: Court concludes respondent not mentally ill, immediate release. (ORC 5122.15(B)).

ORDER OF DETENTION: Court finds respondent is mentally ill. Can issue an order not to exceed 90 days. (ORC 5122.15(C)).

Policy & Procedures

Lack of Capacity Evaluation (White Slip)

SCOPE

The lack of capacity evaluation is to be completed by a Medical Doctor, Medical Attending, Medical Resident, Psychiatrist, or Psychiatric Resident to determine a patient's ability to comprehend and make informed choices. The White Slip should be completed whenever a patient attempts to leave against medical advice which would result in significant impairment, injury or death to the patient or others.

PHILOSOPHY

The philosophy of University Hospitals is to provide quality care to our patients with medical or psychiatric emergencies. The White Slip will only be used after all other alternatives have been exhausted and the patient represents such a significant risk of harm to himself or others by lacking capacity to make informed decisions regarding his /her care. The White Slip is intended to be used as a communication or evaluation tool for physicians to determine a patient's capacity or lack thereof, and to communicate the decision to members of the healthcare team.

DEFINITION

Lack of Capacity is defined as diminished competence (or ability to make informed decisions) including perceptual disturbances, impaired ability to reason, impaired memory and concentration and impaired emotional integration due to a medical or psychiatric condition. The patient is unable to make decisions or process information and is:

- Unable to repeat back information
- Unable to explain risks and benefits
- Unable to manipulate information
- Pt is inconsistent in thought and thought process

GOVERNING PRINCIPALS

1. Patient wants to leave AMA (Against Medical Advice), but there is substantial risk of complications, which, if not treated, may result in significant impairment, injury or death to the patient or others.
2. The patient is assessed for:
 - Psychiatric Symptoms (delusions, hallucination, depression, anxiety, suicide/homicide)
 - Sensorium (alert, cloudy, stuporous, confused)
 - Orientation/Memory (including short term)
 - Judgment/General and Specific to Situation (Does the patient understand the nature of the diagnosis, the risks, benefits and alternatives to the treatment(s) recommended as well as the risks of leaving Against Medical Advice [AMA])
3. The basis for wanting to leave AMA and the medical and psychiatric diagnosis are documented.
4. The determination is based on the patient's ability to make informed decisions regardless of his or her documented or suspected mental illness.
5. A patient who is determined to have diminished decision-making ability is unable to understand and/or appreciate the consequences of decisions related to his/her refusal of care should be admitted to or remain in the Hospital to receive or continue treatment.

6. If transfer to an inpatient Psychiatric Unit is clinically indicated, an Application for Emergency Admission (Pink Slip) may be filled out no earlier than 24 hours before transfer.
7. The evaluation for the determination of lack of capacity can be made by the Physician/Attending, consulting Psychiatrist/Psychologist, House Officer/Resident Physician or Physician Assistant.
8. The White Slip document must be completed, signed, dated, timed and pager number provided.
- 9 The White slip is the first form in the chart behind the DNR order.

This is a legal document. It must be present with the patient at the time of involuntary observation, admission or transport. Writers may be subpoenaed as a result of their testimony.

APPLICATION FOR EMERGENCY ADMISSION

In Accordance with Sections 5122.01 and 5122.10 ORC

circle or endorse in some way, support both below

Chief Clinical Officer of _____

receiving facility here

(Behavioral Healthcare Organization - BHO/Facility Name)

(Date)

undersigned has reason to believe that:

written full name, not just a sticker

must be dated at time of writing

(Name of Person to be Admitted)

patient must be mentally ill, show objective support

1. Is a mentally ill person subject to hospitalization by court order under division B of Section 5122.01 of the Revised Code, i.e., this person

☐ (1) Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm if checked, support below

☐ (2) check all that apply, minimum of one. Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior or serious physical harm, or other evidence of present dangerousness; if checked, support below

☐ (3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or if checked, support below

☐ (4) Would benefit from treatment in a hospital for his mental illness and is in need of such treatment as manifested by evidence that the person is in need of such treatment and that the person poses a substantial risk to substantial rights of others or himself. if checked, support below

2. Represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.

Therefore, it is requested that said person be admitted to the above named facility.

note the facility receiving patient for observation/admission must be in the top line

STATEMENT OF BELIEF

Must be filled out by one of the following: a psychiatrist, licensed clinical psychologist, licensed professional counselor, or police officer, sheriff or deputy sheriff. Note nurses, social workers, and physician's assistants may not fill out this form. There are no health officers in Cuyahoga County.

(Statement shall include the circumstances under which the individual was taken into custody and the reason for the person's belief that hospitalization is necessary. The statement shall also include a reference to efforts made to secure the individual's property at his residence if he was taken into custody there. Every reasonable and appropriate effort should be made to take this person into custody in the least conspicuous manner possible.)

Written statement must include the following (ORC 5122.10 In 14):

- 1) circumstances under which patient was taken into custody
- 2) assertion of mental illness and objective support noted by writer
- 3) assertion of one of four criteria and objective support noted by writer (#1)
- 4) assertion of need for immediate deprivation of liberty due to imminent risks (#2), again with objective support noted by writer

APPLICATION FOR EMERGENCY ADMISSION

In Accordance with Section 5122.10 ORC

Name of Person to be Admitted

patient's name should appear on both sides of pink slip

STATEMENT OF BELIEF (continued)

Writer has a duty to (ORC 5122.10 In 22):

- 1) give patient a copy of this document if requested by patient or attorney
- 2) explain name, title, agency affiliation of person authorizing involuntary custody (writer)
- 3) explain that it is not a criminal arrest
- 4) explain that person is being taken for examination, and name of that facility

Do not write "medically cleared" anywhere on the pink slip.

Signature

Title/Position/Badge or License No.

Place of Employment

must clearly and legibly write and sign full name, title, and license number.

must designate agency of affiliation

STATEMENT OF OBSERVATION BY PSYCHIATRIST, LICENSED PHYSICIAN, OR LICENSED CLINICAL PSYCHOLOGIST, IF APPLICABLE

Place of Observation (e.g., community mental health center, general hospital, office, emergency facility)

NOTE: this section is **only** to be filled out by unit which has received patient for the **second evaluation/period of observation**: this may be a general hospital unit (23 hours or less), a psychiatric emergency room (23 hours or less), a psychiatry inpatient unit, or a general emergency room (23 hours or less).

In this section, objective findings supporting disposition of patient should be documented as above. If patient falls **below threshold** for involuntary hospitalization during observation, the patient **should be discharged immediately** (ORC 5122.10 In 36). If it becomes clear that **patient will require admission** to psychiatric facility:

1) The initial receiving facility is written in the top line of the form. If the patient is only on observational status at this facility, and is then transferred to another place for admission, the committee has at this time recommended not adding this second facility to the top line. For now, until modifications are made to the original form, only the initial receiving facility should be on the top line of the form. The second receiving facility should be written in this paragraph, at the end.

2) patient has a right to be offered voluntary admission status by the receiving facility (ORC 5122.10 In 42), if they are deemed capable of making medical decisions (Zinermon v. Burch, 494 US 113 (1990)).

Signature

NOTE: this is the second writer, after the second observational period

Approved

☐ Yes

☐ No

Date

In Accordance with Sections 5122.01 and 5122.10 ORC

(Behavioral Healthcare Organization - BHO/Facility Name)

(Date)

(Name of Person to be Admitted)

- Therefore, it is requested that said person be admitted to the above named facility.

Must be filled out by one of the following: a psychiatrist, licensed clinical psychologist, licensed physician, health or police officer, sheriff or deputy sheriff.

APPLICATION FOR EMERGENCY ADMISSION

In Accordance with Section 5122.10 ORC

Name of Person to be Admitted

STATEMENT OF BELIEF (continued)

Signature

Title/Position/Badge or License No.

Place of Employment

**STATEMENT OF OBSERVATION BY PSYCHIATRIST, LICENSED PHYSICIAN,
OR LICENSED CLINICAL PSYCHOLOGIST, IF APPLICABLE**

Place of Observation (e.g., community mental health center, general hospital, office, emergency facility)

Signature

Title

Approved

☐

Yes

☐

No

Signature of Chief Clinical Officer

Date

APPLICATION FOR EMERGENCY ADMISSION

In Accordance with Sections 5122.01 and 5122.10 ORC

TO: The Chief Clinical Officer of St. Vincent Charity Hospital / North Coast 11/12/2009
(Behavioral Healthcare Organization - BHO/Facility Name) (Date)

The undersigned has reason to believe that:

John Smith
(Name of Person to be Admitted)

1. Is a mentally ill person subject to hospitalization by court order under division B of Section 5122.01 of the Revised Code, i.e., this person

- ☒ (1) Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm; see report below
- ☐ (2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
- ☐ (3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or
- ☐ (4) Would benefit from treatment in a hospital for his mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or himself.

2. Represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.

Therefore, it is requested that said person be admitted to the above named facility.

STATEMENT OF BELIEF

Must be filled out by one of the following: a psychiatrist, licensed clinical psychologist, licensed physician, health or police officer, sheriff or deputy sheriff.

(Statement shall include the circumstances under which the individual was taken into custody and the reason for the person's belief that hospitalization is necessary. The statement shall also include a reference to efforts made to secure the individual's property at his residence if he was taken into custody there. Every reasonable and appropriate effort should be made to take this person into custody in the least conspicuous manner possible.)

Patient is a 42 y.o. Caucasian male with h/o major depressive disorder (per on medical records & report by Dr. Jacobs) presenting to hospital after threatening to kill himself while arguing with his girlfriend today (Sandra, #216.862.2000). Pt denies thoughts of self-harm but has 6 long cuts on his left wrist / forearm. Pt's girlfriend states that he recently gave away his CD

2

APPLICATION FOR EMERGENCY ADMISSION

In Accordance with Section 5122.10 ORC

Name of Person to be Admitted

John Smith

STATEMENT OF BELIEF (continued)

Collection and withdrawn from classes for next semester. Pt. appears depressed, with mild psychomotor agitation, has lost 10 pounds since last check 6 weeks ago, and is unable to confirm sig. future plans. Pt has a gun at home, which girlfriend agreed to remove.

Signature

Sandra Martin, MD

SANDRA MARTIN, MD

Title/Position/Badge or License No.

MD, PSYCHIATRIST # 223 09564

Place of Employment

CEDAR MEMORIAL HOSPITAL

STATEMENT OF OBSERVATION BY PSYCHIATRIST, LICENSED PHYSICIAN, OR LICENSED CLINICAL PSYCHOLOGIST, IF APPLICABLE

Place of Observation (e.g., community mental health center, general hospital, office, emergency facility)

SVCH (St. Vincent Clarity Hospital).

Since arrival at psychiatric ER, patient was observed for eight hours. On exam, patient exhibited poor eye contact, blunted affect, continued psychomotor agitation, speech was soft, regular tone, increased rate, normal articulation and decreased spontaneity. Patient did endorse thoughts of self harm with plan to shoot himself with gun. At this time patient has been accepted for admission to North Coast (inpatient).

Signature

Daphne Pruitt, MD

Title

DAPHNE PRUITT, MD
PSYCHIATRIST # 25669202.

Approved

☐ Yes

☐ No

Signature of Chief Clinical Officer

Date

APPLICATION FOR EMERGENCY ADMISSION

In Accordance with Sections 5122.01 and 5122.10 ORC

TO: The Chief Clinical Officer of

Metro Health Hospital

(Behavioral Healthcare Organization - BHO/Facility Name)

11/17/2009
(Date)

The undersigned has reason to believe that:

Michael A. Jones
(Name of Person to be Admitted)

1. Is a mentally ill person subject to hospitalization by court order under division B of Section 5122.01 of the Revised Code, i.e., this person

- ☐ (1) Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
- ☒ (2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
- ☐ (3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or
- ☐ (4) Would benefit from treatment in a hospital for his mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or himself.

2. Represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.

Therefore, it is requested that said person be admitted to the above named facility.

STATEMENT OF BELIEF

Must be filled out by one of the following: a psychiatrist, licensed clinical psychologist, licensed physician, health or police officer, sheriff or deputy sheriff.

(Statement shall include the circumstances under which the individual was taken into custody and the reason for the person's belief that hospitalization is necessary. The statement shall also include a reference to efforts made to secure the individual's property at his residence if he was taken into custody there. Every reasonable and appropriate effort should be made to take this person into custody in the least conspicuous manner possible.)

Pt is a 19 y.o. Caucasian man brought in by the police after call from girlfriend, Renee (#216.821.0800), who states patient was standing over her with a crowbar this morning. Pt has a history of three assaults on other individuals over the past two months, according to Sgt. Stevens, Parma Police. Pt states concerns that people are following him, attempting to implant something in his body, and that

APPLICATION FOR EMERGENCY ADMISSION

In Accordance with Section 5122.10 ORC

Name of Person to be Admitted

Michael A. Jones

STATEMENT OF BELIEF (continued)

his girlfriend is now working for these people. On exam, affect is blunted, poor eye contact, noted vagrancy at times, and occasional signs of internal stimulation present. Denies AH/VH but likely schizophreniform diagnosis, early schizophrenia.

Signature

Samantha Lewis, MD

SAMANTHA LEWIS, MD

Title/Position/Badge or License No.

MD, PSYCHIATRIST NPI # 96329808 (OH)

Place of Employment

METRO HEALTH HOSPITAL

STATEMENT OF OBSERVATION BY PSYCHIATRIST, LICENSED PHYSICIAN, OR LICENSED CLINICAL PSYCHOLOGIST, IF APPLICABLE

Place of Observation (e.g., community mental health center, general hospital, office, emergency facility)

Signature

Title

Approved

☐

Yes

☐

No

Signature of Chief Clinical Officer

Date

THIS IS A COPY FOR EDUCATIONAL PURPOSES ONLY

APPLICATION FOR EMERGENCY ADMISSION

In Accordance with Sections 5122.01 and 5122.10 ORC

TO: The Chief Clinical Officer of OH. Richmond
(Behavioral Healthcare Organization - BHO/Facility Name)

11/12/2009
(Date)

The undersigned has reason to believe that:

JANE SMITH
(Name of Person to be Admitted)

1. Is a mentally ill person subject to hospitalization by court order under division B of Section 5122.01 of the Revised Code, i.e., this person see support below

- ☐ (1) Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
- ☐ (2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
- ☒ (3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or (see support below)
- ☐ (4) Would benefit from treatment in a hospital for his mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or himself.

2. Represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.

Therefore, it is requested that said person be admitted to the above named facility.

STATEMENT OF BELIEF

Must be filled out by one of the following: a psychiatrist, licensed clinical psychologist, licensed physician, health or police officer, sheriff or deputy sheriff.

(Statement shall include the circumstances under which the individual was taken into custody and the reason for the person's belief that hospitalization is necessary. The statement shall also include a reference to efforts made to secure the individual's property at his residence if he was taken into custody there. Every reasonable and appropriate effort should be made to take this person into custody in the least conspicuous manner possible.)

Pt is a 72 yo. AA woman with diagnosis of schizoaffective disorder and vascular dementia (from records of last admit to medical unit, outpt YMD is Dr. Enders). Pt was brought in to ED by son, who reports that she is not bathing, refusing all medications, and occasionally appears to fall into a "trance-like state." Son is David Smith #216.282.0469) in which pt does not respond to verbal commands & becomes incontinent.

In Accordance with Section 5122.10 ORC

Jane Smith

PT's labs and CT show no medical reasons for symptoms, they are more likely to be psychiatric in nature given her history. PT lives alone, children visit twice weekly.

ON EXAM: PT is age-appropriate but disheveled, baggy clothing, malodorous, appears to have been incontinent. Speech is sparse, illogical, internally stimulated.

Signature Jendia Martin, MD

SANDRA MARTIN, MD

MD, PSYCHIATRIST #22309564

CEDAR MEMORIAL HOSPITAL

Place of Observation (e.g., community mental health center, general hospital, office, emergency facility)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Title

☐ Yes ☐ No

Date _____

THIS IS A COPY FOR TRAINING PURPOSES ONLY

APPLICATION FOR EMERGENCY ADMISSION

In Accordance with Sections 5122.01 and 5122.10 ORC

TO: The Chief Clinical Officer of

University Hospital / North Coast
(Behavioral Healthcare Organization - BHO/Facility Name)

11/12/2009
(Date)

The undersigned has reason to believe that:

Jane Doe
(Name of Person to be Admitted)

1. Is a mentally ill person subject to hospitalization by court order under division B of Section 5122.01 of the Revised Code, i.e., this person

☐ (1) Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;

☐ (2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;

☐ (3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or

☒ (4) Would benefit from treatment in a hospital for his mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or himself. (See support below)

2. Represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.

Therefore, it is requested that said person be admitted to the above named facility.

STATEMENT OF BELIEF

Must be filled out by one of the following: a psychiatrist, licensed clinical psychologist, licensed physician, health or police officer, sheriff or deputy sheriff.

(Statement shall include the circumstances under which the individual was taken into custody and the reason for the person's belief that hospitalization is necessary. The statement shall also include a reference to efforts made to secure the individual's property at his residence if he was taken into custody there. Every reasonable and appropriate effort should be made to take this person into custody in the least conspicuous manner possible.)

Pt is a 34 y.o. AA woman who has a h/o Bipolar disorder, type II (diagnosed during admission 2/2004) previously stabilized on lithium, recently stopped medication and endorses decreased sleep, more risky behaviors, episodes of sig. mood lability. Her boss (John # 216.444.1000) requested she come for assessment because she is a govt employee, responsible for taking individuals

APPLICATION FOR EMERGENCY ADMISSION

In Accordance with Section 5122.10 ORC

Name of Person to be Admitted

Jane Doe

STATEMENT OF BELIEF (continued)

into custody & has recently been making inappropriate civil arrests. She also spent \$40,000 of her joint money market acct with husband and he is very upset. Pt appears irritable, rapid speech, labile & increased range of affect, thoughts are occasionally rapid but overall logical.

Signature

Samantha Lewis, MD

SAMANTHA LEWIS, MD

Title/Position/Badge or License No.

MD, PSYCHIATRIST # 46329808

Place of Employment

UNIVERSITY HOSPITAL OF CLEVELAND

STATEMENT OF OBSERVATION BY PSYCHIATRIST, LICENSED PHYSICIAN, OR LICENSED CLINICAL PSYCHOLOGIST, IF APPLICABLE

Place of Observation (e.g., community mental health center, general hospital, office, emergency facility)

University Hospital of Cleveland.

Patient was transferred to medical floor to evaluate for potential delirium secondary to elevated salicylate levels. After two litres of IV hydration patient's mental status appears similar to above; patient not sleeping, racing thoughts and pressured speech. Salicylate levels are in non toxic range. Patient has been accepted for inpatient admission at North Coast.

Signature

Daphne Pruitt, MD

Title

Psychiatrist, MD # 25669222

DAPHNE PRUITT, MD.

Approved

☐ Yes

☐ No

Signature of Chief Clinical Officer

Date