

Involuntary admission to a psychiatric unit

Introduction

Most patients voluntarily admit themselves to psychiatric hospitals for treatment when it's necessary. However, sometimes, the person isn't willing to receive treatment because he's too ill to understand the need for treatment or because he's thinking about killing himself or someone else. In these instances, the person may be involuntarily admitted to a psychiatric hospital or to a general hospital with a psychiatric unit. Most states have very strict guidelines for involuntary admission because the procedure was often misused in the past. Therefore, a patient may be involuntarily admitted or committed to treatment only if he meets these criteria:

- The person is a danger to himself or someone else.
- The person has a psychiatric illness and has severely decompensated. (For example, the patient can't provide for his own basic needs as a result of his illness).

Forms of involuntary admission for treatment available in most states include:

1. *Emergency commitment*—a period of 24 to 72 hours during which the person can be evaluated by a doctor and a determination can be made about proceeding with court-mandated involuntary admission. This procedure was implemented by states to protect patients from harming themselves or others.
2. *Detention for a psychiatric evaluation*—results when an individual (such as family members, friends, neighbors, employers, or "interested citizens") submits a petition to the court to have a person evaluated. The person is taken, usually by the police, to a psychiatric facility where he's evaluated within 24 to 72 hours by one or two doctors.
3. *Medical certification or court commitment*—occurs when the patient is admitted voluntarily or involuntarily by court order for a definite period of time or until the patient is considered ready for discharge.

The involuntarily admitted patient may be taken to the psychiatric hospital or unit, but can refuse to attend unit activities, therapeutic groups, or participate in therapy. He can also refuse to take medications unless they're needed to prevent suicide or violence against another person or to promote unit security. An involuntarily admitted person doesn't have to stay the time mandated by his commitment papers if his psychiatrist believes he's well enough to be discharged.

Refer to your state's mental health code for specific information concerning involuntary psychiatric admission.

Equipment

- Medical record
- Copy of the commitment papers
- Patient gown or hospital pajamas and robe
- Personal property bags and valuables envelopes

- Personal property labels
- Felt-tipped black pen with permanent ink
- Identification bracelet
- Camera
- Stethoscope
- Sphygmomanometer
- Thermometer
- Otoscope
- Tongue blade
- Optional: Patient handbook, if available

Implementation

1. Review the available medical records and patient commitment papers.
2. Have a second staff person present throughout the admission process as needed and per your facility's policy *to provide support and ensure the safety of the patient and staff.*
3. Gather all necessary supplies.
4. Provide privacy.
5. Confirm the patient's identity using two patient identifiers according to your facility's policy.³
6. Explain to the patient what you're going to do *to decrease his fear of the unknown.*
7. Place an identification bracelet on patient's wrist after verifying all information on the bracelet with the patient and the admission paperwork.
8. Take the patient's photograph and place it in the patient's medical record.
9. Make sure informed consent is obtained, if possible, and include it in the patient's medical record.⁶
10. Inspect the patient's belongings with the patient present and remove all potentially dangerous objects.
11. Compile an itemized list of all items removed from the patient's possession. Place the items in the personal property bags and valuables envelopes as appropriate.
12. Label the property bags and envelopes appropriately and put them in a secure place.
13. Ask the patient about his current and past physical conditions, including history of serious illnesses or surgeries.
14. Ask the patient about the reason for his admission.
15. Perform a psychiatric assessment, including a mental status examination.⁴
16. Explain to the patient the unit policy regarding admission physical examinations.

17. Remove the patient's belt and shoelaces *to help prevent the patient from injuring himself.*
18. Ask the patient to change into a patient gown or hospital pajamas and robe.
19. Take the patient to a private examination room.
20. Perform a physical assessment of the patient, as required by your facility's policy, with a second staff person present.⁴ Throughout the examination, explain to the patient what you're going to do before you touch him.
21. Give the patient a copy of the patient orientation handbook, if used in your facility.¹
22. Orient the patient to the unit environment and give him a tour of the unit.
23. Point out the fire exits during the unit tour, and explain what actions the patient should take in case of a fire or fire drill or other emergency.
24. If the patient is sharing a room, introduce the new patient to his roommate. If possible, spend some time with both patients as they become acquainted.
25. Ask the patient and his family, if present, whether they have any questions and provide them with the necessary answers.
26. Verify the patient's understanding of any information provided.
27. Document the procedure.⁵

Special Considerations

- If the patient refuses to allow his belongings to be inspected, refuses to change into a gown or pajamas, or refuses to allow a staff member to remove potentially dangerous items from his possession, notify your supervisor before performing additional actions.
- If the patient continues to refuse to follow the admission policies, notify the patient's doctor, per facility policy.
- If the involuntarily admitted patient leaves without medical discharge, the nursing staff or supervisor should notify the police department as well as the committing court.
- Unless prohibited as a part of their commitment, involuntarily admitted patients are allowed to make and receive telephone calls, write and receive mail, and receive visitors.
- The involuntarily admitted patient retains all rights of citizenship, as do all psychiatric patients, unless the commitment papers or doctor's orders specify otherwise.

Patient Teaching

Patient teaching is ongoing during the admission process. Review unit policies and procedures, such as when and where meals are served, when and where medications are administered, rules regarding telephone access (including cellular telephones, if allowed on your unit), and visitor policies. Refer the patient to the patient orientation handbook as applicable. Answer any questions the patient may have after reading the handbook. If no

handbook is available on your unit, be prepared to write out some of the information or allow the patient time to take notes during the orientation.

Documentation

Record all aspects of the admission process, including inspection and documentation of the patient's personal possessions. Include how the items were secured and labeled and where personal property bags were stored. Document verification of the patient's identity and placement of the identification bracelet, noting which wrist the band was placed on and that the identification photo was taken. Document all information obtained about the patient's medical and psychiatric history, and describe the patient's behavior and all findings obtained during your interview, physical assessment, and mental status examination. Note the name and title of the second staff person present during the admission process and nursing assessment.

Document if any unit policy wasn't followed (for example, if the patient refused to change into a hospital gown). Note the actions you took if unit policy wasn't followed, including who was notified and the time of notification. Remember to document only your own actions and the patient actions you observed.

Document whether the patient was given a patient handbook. Document whether you provided an orientation to unit policies and a tour of the unit. Note any questions the patient had and his understanding of all of the information you provided to him.

References

1. The American Hospital Association. *The Patient Care Partnership: Understanding Expectation, Rights, and Responsibilities*, 2003. [Online]. Accessed May 2010 via the Web at <http://www.aha.org/aha/issues/Communicating-With-Patients/index.html>.
2. Craw, J., and Compton, M.T. "Characteristics Associated with Involuntary versus Voluntary Legal Status at Admission and Discharge among Psychiatric Inpatients," *Social Psychiatry and Psychiatric Epidemiology* 41(12):981-88, December 2006.
3. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard NPSG.01.01.01. Oakbrook Terrace, Ill.: The Joint Commission, 2009.
4. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard PC.01.02.05. Oakbrook Terrace, Ill.: The Joint Commission, 2009.
5. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard RC.01.03.01. Oakbrook Terrace, Ill.: The Joint Commission, 2009.
6. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard RI.01.03.01. Oakbrook Terrace, Ill.: The Joint Commission, 2009.
7. Kallert, T.W. "Coercion in Psychiatry," *Current Opinions in Psychiatry* 21(5):485-89, September 2008.
8. Kallert, T.W., et al. "Involuntary vs. Voluntary Hospital Admission. A Systematic Literature Review on Outcome Diversity," *European Archives of Psychiatry and Clinical Neuroscience* 258(4):195-209, June 2008.

9. Nettina, S.M. *Lippincott Manual of Nursing Practice*, 9th ed. Philadelphia: Lippincott Williams & Wilkins, 2010.
10. Simon, R.I. "Psychiatry and the Law," in *Textbook of Psychiatry*, 5th ed. Edited by Hales, R.E., et al. Washington, D.C.: American Psychiatric Press, 2008.
11. Stuart, G.W., and Laraia, M.T., eds. *Principles and Practice of Psychiatric Nursing*, 8th ed. St. Louis: Mosby, 2005.
12. Valevski, A. et al. "Risk of Readmission in Compulsorily and Voluntarily Admitted Patients," *Social Psychiatry and Psychiatric Epidemiology* 42(11):916-22, November 2007.
13. van der Post L, et al. "The Amsterdam Studies of Acute Psychiatry I (ASAP-I); A Prospective Cohort Study of Determinants and Outcome of Coercive versus Voluntary Treatment Interventions in a Metropolitan Area," *BMC Psychiatry* 8:35, May 2008.

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