




<p>1. TRIAGE</p> 	<p>This stage in the care pathway is when a patient enters the ED, where their treatment is prioritized based on the severity of their condition.</p>	<p>The elements an ED is asked to consider for their patients: Calm environment; dedicated care team availability; use of triage scales; trauma-informed approach; need for chemical or physical restraints; specific rooms or hallways</p>
<p>2. SCREENING</p> 	<p>Once a patient is stabilized, a provider will often conduct some form of mental and behavioral health screen to detect the presence of a health condition or risk to the patient.</p>	<p>Screenings an ED could consider using: Suicidal ideation, behavior, and self-harm; violence/aggressive behavior; depression; psychosis; exposure to violence; general mental health; telepsychiatry and crisis teams; drug and alcohol</p>
<p>3. ON-GOING ASSESSMENT</p> 	<p>This includes tools and considerations that EDs use in conducting further workups on pediatric patients in mental health crises, including medical and toxicology screenings.</p>	<p>Assessments that an ED could consider conducting: Medical assessments; safety assessments; acute agitation and behavioral escalation</p>
<p>4. DISPOSITION</p>	<p>This stage is about when a patient leaves the ED, either for inpatient or outpatient care, with essential elements including outpatient resources and community follow-up linkages.</p>	<p>If a patient is determined to move to inpatient, an ED may consider the following options: Inpatient admission (psychiatric unit or other); transfer to another facility</p> <p>If a patient is determined to move to outpatient, an ED may consider the following options: Linkages to primary care; linkages to community mental health services; home resources; telepsychiatry and eHealth</p>