

BEHAVIORAL HEALTH INTAKE

THE 10-STEP SAFE ADMISSION PROCESS

RIGHT PATIENT • RIGHT UNIT • RIGHT TIME



1

RECEIVE & LOG REFERRAL

- Record source, date/time, location, legal status
- Check if packet is complete



2

RAPID SAFETY SCAN

- Unstable vital signs? • Devices/Tubes?
- Aggression? • 1:1? • Withdrawal risk?
- Infection/isolation? • Recent seizure/injury?



3

CONFIRM ACUTE PSYCHIATRIC NEED

- Presenting problem, risks, symptoms
- Why inpatient treatment is needed now



4

VERIFY MEDICAL STABILITY

- Vitals, labs, medical conditions, treatments
- Meds, oxygen, fluids, mobility, ADLs



5

ASSESS SUBSTANCE USE & WITHDRAWAL

- Last use, amount, frequency
- Withdrawal symptoms, history (seizures/DTs)
- CIWA/COWS, methadone/buprenorphine



6

EVALUATE SAFETY & 1:1 NEEDS

- Suicide, violence, elopement, fall risk
- Why 1:1 is needed? Can unit provide it?



7

REVIEW LEGAL STATUS

- Voluntary or 5150/5250, documents
- Rights/advisement, conservatorship, conflicts



8

PRESENT TO PSYCHIATRIST

- Synthesize key info (60-second report)
- Get acceptance or need more info



9

COMPLETE REPORT & PREPARE CHART

- Intake form, orders, meds, allergies
- Upload documents, notify team



10

COORDINATE SAFE ARRIVAL

- Notify referring facility, ETA, transport
- Confirm bed, staffing, 1:1 & resources ready



MISSING INFORMATION IS NOT NORMAL INFORMATION.
When in doubt, pause and escalate.



MarinHealth
Medical Center

INTAKE TRAPS

AVOID COMMON PITFALLS

TRAP 1



Calm after emergency medication

QUESTION TO ASK



"What medication was given, when, and what was the response?"

SAFE ACTION



Reassess risk after medication wears off. Consider recent severe behavior.

TRAP 2



"Medically cleared" without current data

QUESTION TO ASK



"What are the latest vital signs, labs and treatments?"

SAFE ACTION



Obtain updated information and clarify any instability.

TRAP 3



Positive toxicology anchoring

QUESTION TO ASK



"What other mental health history or symptoms are present?"

SAFE ACTION



Assess psychiatric needs beyond toxicology result alone.

TRAP 4



Hard-placement bias

QUESTION TO ASK



"Does the patient need acute psych treatment now?"

SAFE ACTION



Separate acute treatment need from discharge complexity.

TRAP 5



Unclear 1:1 requirement

QUESTION TO ASK



"Why is 1:1 needed and can we safely provide it?"

SAFE ACTION



Clarify reason, duration and staffing before acceptance.



Outdated nurse report



"What is the patient's current condition right now?"



Get updated report just before transfer. Conditions can change.



USE CLINICAL JUDGMENT, COLLABORATE & DOCUMENT.

Escalate concerns to your Nursing Supervisor or Psychiatrist.



When in doubt, ask your supervisor or charge nurse.
Patient safety and teamwork are our top priorities.

UNIT A INTAKE DECISION MAP

— MATCH NEEDS WITH UNIT CAPABILITY —



GREEN – LIKELY APPROPRIATE



ACUTE PSYCHIATRIC NEED

Inpatient treatment likely to help current condition.



MEDICALLY STABLE

Stable vitals, labs and conditions.
No interventions beyond Unit A capability.



UNIT CAPABILITY

We can provide observation, staffing, equipment and treatment safely.

➔ Present to psychiatrist for acceptance.



YELLOW – REVIEW REQUIRED



Missing Information



Borderline Medical Needs



1:1 or High Risk Behavior



Withdrawal Risk



Complex Mobility or ADLs

➔ Obtain more information, consult psychiatrist, and confirm resources.



RED – STABILIZATION / ALTERNATE CARE NEEDED



Unstable Medical Condition



Needs ICU or Higher Level Care



Interventions Not Available on Unit A



Unable to Keep Patient or Others Safe

➔ Request medical stabilization or transfer to appropriate medical unit.

REMEMBER



- Document objective facts and communications.
- Treat every patient with respect and dignity.
- Patient safety, team safety and accurate placement are our highest priorities.