



# ED Mental Health Clinical Pathway Form

Clinical pathways are not a substitute for sound professional judgement

Affix sticker here  
Patient Identification

INCLUSION	EXCLUSION
Alert and oriented Mental health presentation Age 6-17.99 years	CTAS 1 Patient not medically stable Age < 6 years

## ASSESSMENT AND SCREENING TOOL SUMMARIES Check High Risk Findings

ASQ-5	<input type="checkbox"/> ASQ completed <input type="checkbox"/> "Yes" to any question (#1-4) <input type="checkbox"/> "Yes" to #5 (current SI)	Nurse
C/YPS	<input type="checkbox"/> YPS completed <input type="checkbox"/> CPS completed	
PSC-17	<input type="checkbox"/> PSC-17 completed <input type="checkbox"/> Score ≥ 15	
GAIN-SS	<input type="checkbox"/> GAIN-SS completed 1a - sad/hopeless within: past month <input type="checkbox"/> 2-12 months <input type="checkbox"/> 1e - suicide within: past month <input type="checkbox"/> 2-12 months <input type="checkbox"/> <input type="checkbox"/> Endorsed 1 or 2 questions at a level of 2 (past year) or 3 (past month) <input type="checkbox"/> Endorsed 3+ questions at a level of 2 (past year) or 3 (past month)	
	HEADS-ED	

		Clinician
Recommended follow-up:	<input type="checkbox"/> Within 24 business hrs <input type="checkbox"/> Within 7 business days <input type="checkbox"/> N/A (Patient admitted)	

Please Forward this to:	Referred MH Agency: _____ Fax: _____ <input type="checkbox"/> Youth/caregiver(s) aware of referral	Clinician
	Primary Care Provider: _____ Fax: _____ <input type="checkbox"/> Youth/caregiver(s) aware of referral	

ED Clinician Name	Initials	Signature

## ED Role Checklist

Completed	Item	Administered by
	<b>Ask Suicide Questionnaire (ASQ-5)</b>	Treating Nurse
	<b>CPS/YPS (Caregiver / Youth-Report)</b>	Nurse (patient assigned to room)
	<b>PSC-17 (Caregiver Report)</b>	
	<b>GAIN-SS (Youth report)</b>	
	<b>IPad (study information video)</b>	Nurse (10pm-10am)
	<b>Invitation to participate/opt out form</b>	Volunteer SUPPORT (10am-10pm)
	<b>HEADS-ED</b>	ED Physician / Crisis Worker
	<b>PPO (Chemical restraint)</b>	
	<b>Release of Information form</b>	
	<b>Fax tools/cover sheet to agency</b>	ED Ward Clerk
	<b>Store forms and screening tools for pickup</b>	