

# APPLICATION FOR EMERGENCY ADMISSION (O.R.C. 5122.01)

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Portage Path Behavioral Health  
Portage Path Psychiatric Emergency  
Services  
10 Penfield Avenue  
Akron, Ohio 44310  
330-762-6110

## Application for Emergency Admission

### O.R.C. 5122.01

- “Mental Illness” means a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.
- Application for Emergency Admission O.R. C. 5122.01 (B) indicates a “mentally ill person subject to hospitalization by court order” means a mentally ill person who , because of the person’s illness meets certain criteria outlined in the following slides.

# Myths

- Application for Emergency Admission is called in the community a “pink slip” – it does not have to be pink.
- A “pink slip” will force a person to be held 72 hours- the initial application for emergency admission can hold a person up to 24 hours for evaluation. Once admitted to an inpatient psychiatric unit a person can be held up to 72 hours for further evaluation.

# Who can complete an Application for Emergency Admission?

- Psychiatrist
- Licensed Clinical Psychologist
- Licensed Physician
- Police Officer or Sheriff/Deputy Sheriff
- Parole Officer/Probation Officer
- Health Officer-

\*Health Officer designated by ADM

all clinical staff at PES are Health Officers

# Health Officer

- What does this status mean at PES?

If a person is a voluntary patient at PES and the staff deem that the patient meets the criteria for involuntary status the PES staff can complete an Application for Emergency Admission

In an emergency department the licensed physician can complete the Application for Emergency Admission

Who can discharge the patient on an  
Application for Emergency Admission?

**Psychiatrist**

# Documentation

- Applications for Emergency Admissions need to be completed in full and signed and dated with official title.
- The original Application for Emergency Admission has to follow the patient.
- The Application for Emergency Admission can say:
  - PES/Appropriate Facility
  - AGMC/Appropriate Facility
  - Summa-STMC/Appropriate Facility
  - Summa-BCH/Appropriate Facility
  - Summa-ACH/Appropriate Facility

# Documentation

## **Document! Document! Document! Document!**

- The more precise and detailed information that can be given to the receiving agency the better care for the patient.
- Collateral information for the psychiatrist is detrimental to be able to make a more informed decision for the care and treatment of the patient and assists in ensuring the safety of the patient as well as the staff.



# Application for Emergency Admission

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.

# Application for Emergency Admission

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.

# Application for Emergency Admission

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 can not be made immediately available in the community.

# Application for Emergency Admission

4. Would benefit from treatment in a hospital for the person's 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 the person

## APPLICATION FOR EMERGENCY ADMISSION

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**Think about using!**

**Err on side of caution and safety of the patient and the community**

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.

## Guide For Writing Application for Emergency Admission

1. When describing mental illness and threat, consider using language commonly used in the mental health field when you become comfortable doing so. Consider using the phrase “appears to be” without quotation marks.
2. Then write “as evidenced by” without quotation marks.
3. Then write examples.

## Guide for writing an Application for Emergency Admission

Here are examples. Do not limit yourself to these examples only, as you may have other ways to describe the person. Also, the person or significant others (family, friends, landlord, etc.) may give descriptions appropriate for an Application for Emergency Admission. There may be overlaps in the examples.

Note: You may want to start with basic facts to get yourself into a descriptive mode of thinking (age, marital, race, gender), followed by writing your observations.

## Guide for writing Application for Emergency Admission

**This sentence structure may be useful to you:**

The subject is a  (basic facts) \_\_\_\_\_  
who appears to be \_\_\_\_\_  
(your observations) \_\_\_\_\_  
as evidenced by (subject's behaviors or statements; input  
from significant others) \_\_\_\_\_.



# Common Descriptors

**(Appears to be.....)**

- Delusional (false ideas)
- Paranoid (others plotting against me, no supporting evidence)
- Grandiose (voices, seeing things, break from reality)

# Common Descriptors

## Common Moods

Hostile

Agitated

Anxious

Manic or Hyper  
(pressured speech,  
racing thoughts,  
little sleep)

## Common Behaviors

Bizarre

Menacing

Impulsive acting out

Threatening

Isolating

Threat to self or others

## Common Precipitating Factors

Quit medication

Recent stressful events  
but has multiple current  
stressors.

Missing appointments at  
CSS or Portage Path  
Behavioral Health.

# Examples

The subject is a 31 year old single Caucasian male, **appears to be** delusional and paranoid **as evidenced by** belief that he is getting messages from radio and TV, is covering the windows with foil and states the neighbors are plotting against him. He is threatening **as evidenced by** his statement to a neighbor “that your days are numbered”. Unknown current treatment.

# Examples

The subject is a 40 year old married African American female, reported by husband to have missed CSS appointments and off medicine for two months. **Appears to be** delusional and grandiose **as evidenced by** belief that she knows the President, possibly manic **as evidenced by** lack of sleep and nearly nonstop talk. Threatening **as evidenced by** statement to husband that she will assault him if he mentions medications again. Refusing voluntary treatment.

# Examples

The subject is a 22 year old single Caucasian female, **appears to be psychotic as evidenced by** report from mother of daily talking and laughing to self, delusional **as evidenced by** statement that it is no longer necessary to eat, and threatening **as evidenced by** neglecting basic needs with weight loss of 25 pounds to current approximate weight of 100 pounds. She has never reportedly received mental health services. Symptoms present for the past two months. Father recently passed away. Refusing voluntary treatment.

## Considerations prior to taking a person to Psychiatric Emergency Services

- Is the situation a psychiatric emergency?
- Consultation within your department when in doubt. (What would a reasonable professional in your line of work do given the current circumstances?)
- Does the person require emergent medical care? (examples of a person who might need medical care would be delirium, confusion, labored breathing, slurred speech. Question the need for medical care if the person or significant other indicates no history of mental health issues or substance abuse history.)

## Considerations prior to taking a person to Psychiatric Emergency Services

- Is there a possible toxic amount or unknown amount of drugs/alcohol consumed? Is the person unable or unwilling to give a coherent self report about amount and types of ingested substances?
- Encourage significant others who are present (family, friend, etc.) to call PES or go to PES and review with a nurse or emergency clinician their observations. Staff is allowed to listen to the reports from others without a release of information. If you are encouraging a phone call to PES indicate to the significant other PES may respond in the fashion that “We can not tell you if the person is or is not here due to confidentiality.” If the caller knows the police brought the person to PES, they can say so and report observations.

## Considerations prior to taking persons to Psychiatric Emergency Services

- If able, give a courtesy call to PES when bringing someone to the facility. 330-762-6110 Staff may be able to prepare, such as getting chart if one is available, etc..
- When taking a person to PES, on an Application for Emergency Admission or as a voluntary patient, please meet with the nurse or emergency clinician to give a face to face verbal report.
- Akron Police Officers are contracted to provide security at PES give a verbal report to the officer present in order to discuss any safety concerns when handing the person off to the PES staff.



# Questions and Answers

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If any questions or concerns related to PES do not hesitate to call Candy Pallante Director of Operations or e-mail:  
[cpallante@portagepath.org](mailto:cpallante@portagepath.org) phone: 330-434-1214 ext. 113