**ED REFERRAL PATHWAYS TO DPM**

**Person presenting to ED with mental health symptoms**

**FAST TRACK**
- Requesting help for known mental health symptoms and known to MH or GP referral
- No physical health concerns, EWS <2, and <65 yrs

**Category 9**
- Nurse refer to DPM
  (For Older Adults usually follow full assessment)

**Parallel Assessment**
- Overdose or self-harm (including recent history or any clinical suspicion)
- Low clinical risk unlikely to require medical admission

**Parallel referral to DPM for psychosocial assessment**

**Category 2**
- Blood investigations including FBC, U&E, paracetamol & salicylate levels (others as indicated) & physical examination and wound treatment as required

**Ensure toxbase advice followed and bloods checked before any final decision made**

**Intoxicated patient**
- Intoxicated or significant history of substance use
  - Exclude withdrawal symptoms - hallucinations, anxious, agitated, tachycardia, sweating, tremor

**Category 2**
- ED assessment and investigations/treatment as required
  - Contact DPM for advice if active suicidal ideation or plans to harm others.

**Full Assessment**
- If physically unwell, EWS >1, or new onset confusion, disorientated, appears psychotic, age <65 yrs, or new MH presentation

**History and physical examination, including neurological, by ED**
- FBC, U&E, LFT, CRP, ECG, Urinalysis +/- imaging as indicated

**No organic cause for symptoms identified**
- Delirium Tremens excluded
- Refer to DPM

**Developed by Dr Schofield (Psychiatry) and Dr Coleman (ED) 7/5/14. Review Date 7/5/15**