

**BURKE MENTAL HEALTH EMERGENCY CENTER
MEDICAL EXCLUSIONARY FORM**

Client Name: _____

Prospective clients who fail to meet these criteria are best managed in a facility with greater medical capabilities. The criteria require clinical judgment and should not be applied rigidly.

Please indicate by a checkmark that the proposed client is free from each of the following exclusionary conditions prior to the time of discharge from your facility.

- 1. On-going IV therapy, saline locks, subclavian line. _____
- 2. Condition requiring scheduled or prn suctioning _____
- 3. Condition requiring supplemental oxygen _____
- 4. Communicable disease/parasites (i.e. measles, chickenpox, scabies, active TB) _____
- 5. Need for medical isolation _____
- 6. Specialized medical equipment requiring observation and upkeep _____
- 7. Need for physical therapy or rehab services/ therapies _____
- 8. Post-op instability demonstrated by labs, vital signs, over a 48 hour period _____
- 9. Hypertension not stabilized on medication _____
- 10. Diabetes with uncontrolled blood sugars _____
- 11. Temperature 101 F. or greater _____
- 12. Open or draining wounds requiring dressing changes _____
- 13. Need for peritoneal or renal dialysis _____
- 14. Cardiovascular problems (uncontrolled congestive heart failure, unstable angina, dyspnea) _____
- 15. Must be off ventilator for at least 48 hours with normal ABG's _____
- 16. Severe trauma or head injury _____
- 17. Decubitus _____
- 18. Colostomy _____
- 19. Unresolved cellulitis requiring ongoing treatment _____
- 20. Tracheostomy (requiring maintenance, cannula in place) _____
- 21. Indwelling tubing (e.g. Foley catheter, feeding tubes, etc.) _____
- 22. On methadone (Suboxone discuss with MHEC RN) _____
- 23. Patient has required medication for agitation and is poorly arousable or un-arousable. _____
- 24. Overdosed and in ICU or ER- not fully conscious and/or unstable vital signs _____
- NOTE:** Poison Control will be contacted by MHEC prior to acceptance
- 25. Nursing Home resident _____
- 26. Pregnant _____
- 27. Delirium _____
- 28. Unsteady gait _____

Abnormal lab/testing will need to be discussed with MHEC nursing staff to determine appropriateness for MHEC. For example: Abnormal EKG with medical intervention; white blood cell count over 14,000. Therapeutic blood monitoring will be required when there is evidence of toxicity and/or suspicion of overdose.

MD Printed Name _____ Date _____ MD Signature _____

After signed by physician, fax to MHEC: **936 633-6000**. Records faxed to MHEC must include: Physician's assessment and/or H&P; labs; x-rays; face sheet; physician progress notes, vital signs records, discharge medication list.