

Exclusion criteria:

- Febrile patients

DSM-5 criteria for hallucinations:

- Perception-like experiences that occur without an external stimulus
 - Vivid and clear with the full-force and impact of normal perceptions
 - Not under voluntary control
 - May occur in any sensory modality though auditory hallucinations are the most common in primary psychiatric disorders

Warning signs of escalating behavior:

- **Agitation** - Restlessness, pacing, hand wringing, etc.
- **Aggression** - Change in body language, argumentative or defensive, verbal or physical threats
- **Self-harm behavior** - Expressed thought to harm self, present injurious behaviors or plan
- **Threat to harm others** - Expressed thought to harm others, present threatening behaviors
- **Eloping** - Verbal request to leave, movement towards exit, physical attempt to leave

Indications for higher level of care:

- Diagnostic work-up is needed urgently and can not be completed in the current setting
- Change in mental status
- Abnormal neurologic exam
- Seizures
- Concern for ingestion or other toxic exposure
- Risk of harm to self or others
- Command hallucinations
- Concern for lack of follow-up

Discharge planning:

- Follow-up plan:
 - PCP (if possible, communicate directly with PCP)
 - Subspecialist(s) as indicated (determine timing with subspecialist)
 - Mental health specialist as indicated
 - See [KS/MO mental health resources](#)
- Consider Medical Social Work consult to address any barriers to follow-up (PAR and/or state child protective services may be indicated)
- Provide strict return precautions, including risk to self or others, worsening mental status, or other concerns

Abbreviations:

AMHS- Acute Mental Health Services
ED- Emergency department
PAR- Patient at risk form
PCP- Primary care physician

