

MEDICAL STABILITY CHECKLIST for referrals to NSM LHIN Inpatient Mental Health**INSTRUCTIONS:** Complete **ALL SECTIONS** of this form and send with referral documents to Schedule 1 site

If additional testing is requested, if there is disagreement on significance of findings or if there are ongoing medical issues, it is recommended that the Schedule 1 Physician contact the Emergency Department Physician to resolve concerns.

PATIENT NAME:**DOB:****HISTORY & MEDICAL EXAM****Yes****No****If yes, list details:**Abnormal Vital Signs Temp >38 °C; Pulse outside of 50 to 120 BPM;
RR > 24 breaths/min; BP Systolic <90 or > 200; Diastolic >120☐☐

Allergies

☐☐

Circle any conditions present: HTN Head Injury Dementia

CAD

Seizure HX

Substance abuse

DM2

Other:

Required LAB INVESTIGATIONS for all patients**Abnormal results****If Yes, note clinical significance****Yes****No**Urine Drug Screen for ALL Waypoint referrals, on request of
admitting physician for OSMH & RVH☐☐

CBC

☐☐

Glucose

☐☐

AST, ALT, ALP, Bili, GGT

☐☐

Na, K, Cl, BUN, Creatinine

☐☐

TSH

☐☐

β HCG (female patients aged ~ 12-55)

☐☐

Blood Alcohol Level **

☐☐

**Baseline BAL required, after which BAL can be estimated based on decline of 4-7 mmol/hour

BAL admission criteria: Waypoint BAL= 0 mmol; OSMH BAL <17 mmol; RVH at the discretion of admitting physician

LAB & DIAGNOSTIC TESTING as indicated by history & physical examCircle any tests ordered: Urinalysis HCO₃ in cases of overdose ECG CT scan head Chest X-ray Other:**TREATMENT****Yes****No**List of current medications **attached**☐☐List of treatments received in ED **attached**☐☐Results of lab & diagnostic tests **attached**☐☐**MEDICATIONS ADMINISTERED in Emergency Department (including dose and time administered)****STATEMENT OF MEDICAL STABILITY**

I have examined the patient and determined that their medical condition is sufficiently stable for transfer to a Schedule 1 Psychiatric Inpatient unit.

Completed by:_____
Print Physician Name_____
Physician Signature_____
Date and time