Ins and Outs of 5150
In San Diego County

Education for Emergency Departments
San Diego County
Emergency Medicine Oversight Commission

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What is a Psychiatric Hold?

5150 is commonly referred to as a 72 hour hold. In reality, it is not yet hold at the point, but the detainment and transportation for the purposes of being assessed for a 72 hour hold.

The confusion lies in the fact that 5150, 5151, and 5152 use the same exact form to indicate different parts of the process of psychiatric detention.

There is frequently an erroneous assumption by community members who initiate a 5150, and presume this to be equivalent to admission to a hospital.
What is a Psychiatric Hold?

A psychiatric hold is only for patients who are a:

- 1. Danger to Self
- 2. Danger to Others
- 3. Gravely Disabled

There are serious implications on patients rights for having been placed on a 5150. For example, they cannot buy firearms.
The 5150 authorizes placement of a patient on detention for transportation purposes only.

- It can be placed by law enforcement, ED staff, or other designated people who have completed the county educational and testing materials.
- After a 5151 face to face assessment is made, it can be determined not to pursue the 5150 to a 5152 hold. In effect this is discontinuing the 5150 hold. However the intent of the code is NOT to allow someone to hold and then release a patient using a 5150.
- The time of 72 hour detention would start when the 5150 was placed. This is according to the conservative San Diego standards. The code indicates that the 72 hour period starts at onset of the 5152 completion.
- If a patient presents to a non-LPS facility on a 5150, then this 5150 is incomplete, and in practical terms is “void”. If necessary, the hospital may place the patient on a new 5150 while arranging for transfer to a LPS facility.
The 5150 is completed when the detainee is brought to the LPS facility where a 5151 can be conducted. The 5151 can be done by the person designated by the LPS facility, PET team, or ED physicians per hospital protocols. The 5151 is a face-to-face psychiatric assessment that is made at an LPS facility only to confirm that the patient requires psychiatric detention. The 5151 is a decision by the designated staff whether or not to proceed with the 5152. If a decision is made not to proceed with 5152, this in practical terms means “dropping the hold”.
The 5152 is the admission, observe, and treatment for starting a 72 hour psychiatric hold. This is the actual hold.

It can be initiated by LPS staff.

A 5152 can be released only by a psychiatrist or psychologist.

The start time for the 72 hour detention is at time of 5150 placement in San Diego County.
When is A Hold Necessary?

- **CASE #1:** A patient comes to the ED with suicidal thoughts and a plan to hurt themselves. They want to be admitted to the psychiatric unit.

- **QUESTION:** Do they need to be placed on a 5150?
Psychiatric Holds are for Involuntary Patients Only

- ANSWER: No
- 5150 is an INVOLUNTARY HOLD. If the patient wants admission, it means they are voluntary, and therefore do not need to be placed on a hold.
Are Holds necessary for Transfers?

QUESTION: What if this same patient needs to be transferred out of the ED to a psychiatric hospital? Do you need to place them on a 5150 even if they are voluntary?
In practice we place 5150s for transfers

- ANSWER. No. (but see explanation)
- If the patient is truly voluntary they do not need to be placed on a hold.
- However, the physician must exercise judgment if the patient may change their mind after your shift or is not truthful with their verbal consent for transfer. In this situation, a 5150 for transport would be indicated. You could be liable if the patient changed their mind and decided to leave, did not accept the transfer, and harms themselves. This is why in practice a 5150 is done on most transfers.
Can you discontinue a 5150 from police?

**CASE #2:** A patient is brought into the ED on a 5150 that was placed by police at scene. After evaluating the patient you do not believe that the patient is suicidal, homicidal, or gravely disabled. You have cleared them for any acute medical condition.

**QUESTION:** Can you send this patient home?
Yes, with certain provisions

- If the facility is an LPS facility and the ED physician is designated by the facility to complete the 5151 then you can discharge the patient home. If effect, the 5151 evaluation determined that the patient does not need a 5152.

- If the facility is at a non-LPS facility, the 5150 is incomplete and you may discharge the patient. In practical terms the hold is not valid at your facility.

- The physician may be advised to consult their psychiatric team to agree that there is no acute psychiatric condition and to arrange for appropriate psychiatric follow up.

- You must check the 5150 form and see if the weapons box at the bottom of the form is checked. If so, police must be contacted before the patient is discharged.
CASE #3: A patient presents to the ED on a 5150 placed by police after cutting their wrist. They have minor wounds that you repair within a few minutes.

QUESTION: Can you request the police to wait for you and take the patient directly to CMH?
ANSWER: No.

Although you have stabilized the patient’s medical emergency complaint, they still have an acute psychiatric emergency. No transfer of patients can take place without the appropriate EMTALA paperwork and acceptance from the receiving facility. You must get an accepting physician before transferring a patient.
CASE #4: A patient presents after an intentional drug overdose. This was determined to be a suicide attempt.

QUESTION: Do they need to be placed on a 5150 hold? If so, when should it be placed?
Answer to Overdose Case

1. The 5150 hold is necessary only if the patient is INVOLUNTARY. If the patient agrees to treatment, then the 5150 is not necessary.

2. Placing the patient on a 5150 can start after the patient is medically stabilized. Acute medical conditions supersede acute psychiatric conditions.

If you wish to use the 1799, 24 hour detention, (available at non LPS facilities only) remember this starts at the point of medical discharge. The 24 detention starts after the patient is medically cleared from the overdose.
QUESTION: What if the same suicidal overdose patient refuses medical and psychiatric treatment?
The overdose patient may not be legally competent to leave against medical advice and refuse treatment.

In psychiatric terms they are still suicidal and would qualify for placement on a 5150 hold. This can wait until medical clearance from the overdose.

In medical terms they lack capacity to refuse treatment and should be forced to stay for medical care and observation.

Allowing the patient to leave would be a greater liability for the hospital than for keeping the patient against their will.

Physicians are advised to check with their hospital council for protocols relating to holding patients for medical reasons.
CASE # 5: An intoxicated patient presents to the emergency department who is “too drunk for detox”, or “found down”. They want to leave.

QUESTION: Can they be placed on an 8-hour hold until they clear?
As of January 1, 2008 there is no “8 hour holds”. Hospital code 1799.111 has been amended.

- All LPS facilities may no longer detain patients on an 8 hour hold. They may use 5150 for psychiatric patients who meet criteria. Patients that lack the capacity to make medical decisions (ex. disorientation, intoxication, delirium) need to be kept for medical treatment via physician’s judgment and documentation of the patient’s condition.

- All non-LPS facilities have 24 hours to detain patients, at point of medical discharge, while they are making arrangement to transfer a psychiatric patients.

- The 24 hour detention holds are intended for psychiatric patients only. They are not to be used for medical patients.
The intoxicated patient cannot be allowed to leave against medical advise unless they are “clinically” sober. Clinically sober in practical terms means that they are oriented x 3 and can walk without falling or injuring themselves.

- It is good clinical practice to ask the intoxicated patient if they are suicidal before allowing discharge. Did they drink or take drugs as a suicide attempt?
- If the patient is not clinically sober, you can hold the patient in the ED for medical treatment by documenting that the to detain such a patient for treatment since you cannot use the 1799.111 (old 8 hour hold) for this patient.
- You can use the 5150 in an LPS facility or 1799 and/or 5150 at a non-LPS facility if the patient is suicidal.
What do you do with patients who refuse treatment, but you do not feel they can safely go home?

Some hospital attorneys have noted that there is no official terminology of medical hold, and the word “hold” and “detainment” is associated with loss of rights. Therefore, it is currently recommended to document that the patient lacks capacity for medical decision making and reason for treatment despite the patient’s desire to leave.

- Many patients fall into this category including those with intoxication, substance abuse, delirium, and dementia. If they are not oriented x 3 and cannot ambulate, they cannot be safely discharge home (with some exceptions).
- Physicians and hospital have had significantly more legal liability from allowing patients to go home than from detaining them when they wanted to leave.
Sample Documentation for medical treatment when patient refuses

“Patient is intoxicated with alcohol level of 315 and under influence of cocaine. He is oriented to person and place, but not time and cannot ambulate steadily without assistance. He is at danger for harming himself if allowed to leave the hospital. He therefore lacks capacity for medical decision making and will be kept in the ED for treatment until his condition improves”.

- Order a sitter for the patient as needed if at risk of leaving and harming themselves (i.e. falling).
- Hospital security departments may need education regarding keeping patients for observation who lack medical capacity for decision making, and not just for 5150 holds.
Accepting Transfer of psychiatric patient for medical treatment

Case #6: A patient on a 5152 is transferred from a psychiatric inpatient unit to your emergency department for medical treatment.

QUESTION: Do you need a new 5150 for the stay in your emergency department or for transferring back to the psychiatric unit?
In most cases new 5150 paperwork is needed

- No new paperwork needed:
  - If the psychiatric unit sends a sitter with the patient and the sitter will return with the patient back to the facility then the 5152 is good for a “field trip” provision. No new paperwork is needed.

- Need new 5150-5152:
  - If the patient will be admitted to your inpatient service you need new 5150-5152 paperwork if the patient needs to be detained for psychiatric reasons.
  - If the patient is transferred back to the original facility, but does not have a sitter from the facility with the patient, you may need to complete new 5150/5152 paperwork. This is because the hold from the original facility does not allow for legal detention of the patient at your hospital or by the ambulance taking the patient back.
LPS Emergency Departments

- Balboa Naval Medical Center
- Palomar
- Paradise Valley
- Scripps Mercy
- Sharp Grossmont
- TriCity
- UCSD
Non-LPS Emergency Departments

- Alvarado
- Camp Pendelton
- Children’s Hospital
- Fallbrook
- Kaiser
- Pomerado
- Sharp Coronado
- Sharp Memorial
- Sharp Chula Vista
- Scripps Chula Vista
- Scripps Encinitas
- Scripps LaJolla
- Thornton
Non ED - LPS Facilities

- Alvarado Parkway Institute
- Aurora Hospital
- Bayview Hospital
- Emergency Screening Unit (ESU)
- Sharp Mesa Vista Hospital
- Promise Hospital
- San Diego County Psychiatric Hospital
- VA San Diego Healthcare
- Las Colinas Detention Center
- San Diego Central Jail