

North Dakota Health Care Review, Inc.

ADMISSION CRITERIA

Specialty Unit Criteria—CDU and Psychiatric

ALCOHOLISM—ADMISSION REVIEW

Reasons for Admission

1. Ongoing use of alcohol in sufficient quantities to elicit possible physiologic dependence.
2. Need for detoxification or signs of impending withdrawal (demonstrated by physiologic signs of withdrawal within 48 hours).
3. Need for continuous skilled observation (including coma or stupor) or therapeutic milieu (where issues of safety mandate inpatient status).
4. Significant demonstrable danger to self, others, or property.

Confirmation of Diagnosis

1. Documentation of ongoing pattern of alcohol use sufficient to damage physical health or cause demonstrable erosion of personal, social or work-related performance.
2. Documentation of:
 - a. Ongoing significant danger to self, others, or property.
 - b. Habitual alcohol consumption meeting criteria for inpatient treatment.
 - c. Current alcohol intoxication in known or admitted habitual abuser of alcohol.
3. Habitual alcohol consumption meeting criteria for inpatient treatment.
4. Documented failure, unavailability, or confirmed inappropriateness of outpatient management.
5. Physiologic signs and symptoms of alcohol withdrawal in chronic alcohol abusers.

Critical Diagnostic and Therapeutic Services

1. Psychotropic medication as needed for alcohol withdrawal.
2. Treatment plan to include problem formulation and treatment goals.
3. Therapeutic modalities to include psychotherapy, pharmacotherapy, social therapies, behavior modification, ECT, or others as individually indicated.
4. Liver function studies, other hematologic chemistry, hormonal, or urine studies as indicated.

Drug Abuse/Drug Dependence - Substance Use Disorders

Admission Review

1. Excessive use of drugs or other chemical substances.
2. Planned detoxification withdrawal.
3. Need for continuous skilled observation (for defined, documented reasons) or controlled chemotherapy.

Confirmation of Diagnosis

1. Documentation of drug or chemical use sufficient to damage physical health or personal or social functioning.
2. Documentation of pathologic and dangerous social, familial, or occupational functioning.
3. Qualitative toxicological studies positive for non-prescribed drug or chemicals relevant to dysfunction.
4. Quantitative toxicological studies showing prescribed drugs in higher than therapeutic levels to which dysfunction might reasonably be attributed.
5. Documentation of need for management on inpatient basis (outpatient failure, unavailability of appropriate outpatient services).

Critical Diagnostic and Therapeutic Services

1. Toxicology screen (blood or urine) confirmation.
2. Treatment plan to include problem formulation, treatment goals, and therapeutic modalities as previously described.
3. (Sec. I.D.3.).
4. No more than two psychotropic medications at any given time unless indicated.
5. No change of psychotropic medication more than twice in any seven-day period unless indicated.

PSYCHIATRIC DISORDERS—ADMISSION REVIEW

Reasons for Admission

Needs to include one or more of the following:

1. Potential danger to self, others, or property (documented by a pattern of behaviors or verbalizations).
2. Impaired reality testing.
3. Need for continuous skilled observation (for defined, documented reasons), high dose medication, and lack of adequate support to provide for patient safety.
4. Dysfunctional social, familial, or occupational behavior.
5. Documentation of need for management on inpatient basis (outpatient failure, unavailability of appropriate outpatient services).

Confirmation of Diagnosis

Needs to include one or more of the following:

1. Mental status examination documentation.
2. Elation or mania.
3. Psychomotor hyperactivity or agitation.
4. Marked impairment of reality testing (e.g., delusions, hallucinations, grandiosity, or flight of ideas).
5. Marked impairment of orientation, memory, and/or intellectual function.
6. Liability and shallowness of affect and marked impairment of judgment.

Mental Status Examination

Documenting severely impaired reality testing manifested by:

1. Thought disorder (e.g., thinking that is bizarre, illogical, loose, blocked, autistic, markedly unrealistic, overly inclusive, or concrete).
2. Perceptual disorder (e.g., hallucination, delusion or depersonalization) or other psychotic symptomatology (paranoia, unrealistic feelings of guilt or worthlessness).
3. Depression.
4. Psychomotor thought content (ruminations, hopelessness, inadequacy, or guilt).

Critical Diagnostic and Therapeutic Services

1. Treatment plan to include problem formulation, treatment goals, and anticipated therapeutic modalities (e.g., psychotherapy, pharmacotherapy, social therapies, behavior modification).
2. No more than two psychotropic medications at any given time unless indicated.
3. No change of psychotropic medication more than twice during any seven-day period.
4. Pharmacotherapeutics used for psychiatric disorders could include major tranquilizers, Lithium, anti-depressants, and others and might result in the use of ECT (for select patients in select circumstances).

