

**UT-HARRIS COUNTY PSYCHIATRIC CENTER
Exclusion Criteria Guidelines**

INSTRUCTIONS: The transferring hospital faxes the following to HCPC.

- HCPC **exclusion criteria guidelines** with vitals and **yes, no, or N/A indicated**. A **physician** prints & signs name, dates form.
- **A) Pt's Demographic & insurance** information **B) medical screening** i.e., H& P, progress notes **C) current labs** and Medication administration record /**meds. D) all tests x rays**. Include a coversheet with phone/fax contact info. **Please do not telephone –clearance is done by fax.** HCPC designee will **FAX** transferring hospital contact person an **administrative** clearance determination. After receiving administrative clearance, the transferring doctor will contact the **House Officer** at HCPC (713 741 5000) for Medical Clearance. When the transferring hospital has received a **fax** with both Administrative and Medical clearance, they may transfer a voluntary patient. All involuntary patients require a warrant and constable escort. Any questions call 713-741-6060/3883 Fax 713 741-5979 or 6937 or you may page the Nursing Supervisor **after hours** thru 713-741-5000.

Patient's Name: _____ Transfer Facility: _____

Current Vital Signs: B/P: _____ Temp.: _____ Pulse: _____ Resp.: _____

YES	NO	Criterion
		Patients with medical and/or psychiatric problems that require more nursing care than the department can safely provide.
		Requires Methadone.
		Patients being transferred primarily for placement.
		Patients with a primary diagnosis of mental retardation and/or developmental disabilities without psychiatric symptoms or diagnosis.
		Permanent alteration of ADLs (prior to psychiatric problems) i.e., unable to ambulate without assistance, incontinent of bladder and/or bowels or unable to feed self.
		Patients with a primary diagnosis of ETOH or substance abuse or dependence without psychiatric symptoms or diagnosis.
		Patients who have overdosed and are in ICU not fully conscious and without stable vital signs for 2 hours post-ICU discharge following the overdose.
		Patients whose physical infirmities are such that they might be better treated in a medical facility with support and monitoring available appropriate to their medical condition, such as: <ul style="list-style-type: none"> ▪ Patients with multiple medical problems, moderate to severe, which affect one or more systems, i.e., a patient with end stage renal failure and CHF. ▪ Symptomatic with cardiovascular or respiratory problems (chest pains, shortness of breath, unstable arrhythmia, pulmonary edema, pleura effusion). ▪ Patient is pregnant and greater than 36 weeks gestation and/or patient with high risk pregnancy requiring more than routine prenatal care. ▪ Patients with cellulitis, depending on the severity. ▪ Indwelling tubing (e.g., foley catheter, feeding tubes, Hep locks, subclavian lines, tracheostomy tube (requiring maintenance, cannula in place). ▪ On-going IV therapy, Hep locks, or Subclavian line ▪ Suctioning ▪ Active Pulmonary TB. ▪ Patient requiring medical isolation. ▪ Special medical equipment that requires electricity or oxygen, observation, and upkeep, such as CPAPs, Bi-PAPs, O2 Concentrator, nebulizer, etc. ▪ Patients requiring physical therapy or rehabilitative services or therapies. ▪ Post-op stability not demonstrated through labs, vital signs over a 48-hour period. ▪ Systolic blood pressure over 180 or under 80 and diastolic over 110 or under 50. ▪ Brittle diabetics that run uncontrollable blood sugar or have run over 400 within the last several hours. ▪ Temperatures over 101°F. ▪ Patients requiring peritoneal or renal dialysis treatments. ▪ White blood count over 15,000. ▪ CPK over 1500 or CPK greater than 1000 with elevated temperature and muscular rigidity. ▪ Patients requiring blood, platelet, or active parenteral chemotherapy administration. ▪ Delirium secondary to a known medical condition other than substance abuse. ▪ Terminal illness with/without DNR status and not expected to return to prior living situation. ▪ Open draining infections/wounds requiring sterile equipment to manage. ▪ Stage 2, 3, and 4 pressure ulcers.

Examining physician should indicate if patient has any of the above conditions. Patients with one or more of these conditions may not be admitted to UT - HCPC.

MD/DO Signature: _____ Printed Name: _____ Date: _____