CAT Block 13
Alexander Bedard, MD
Articles:
Thomas H. Chun, MD: Medical Clearance: Time for This Dinosaur to Go Extinct; Annals of Emergency Medicine, pp. 676, Vol. 63, No.6: June 2014
J. Joelle Donofrio, DO, et al.; Clinical Utility of Screening Laboratory Tests in Pediatric Psychiatric Patients Presenting to the Emergency Department for Medical Clearance; Annals of Emergency Medicine, Vol. 63, No. 6: June 2014.

Objective: To address whether screening lab tests obtained to medically clear psychiatric patients alter management or disposition.

Methods: The first piece is an editorial from Annuls addressing the futility of obtaining the vast and expensive screening labs required by many psychiatric services to admit a patient for inpatient psychiatric treatment. The second article addressed the pediatric population specifically. It was a retrospective chart review of consecutive patients younger than 18 yrs of age presenting to an academic pediatric ED for medical clearance of an acute psychiatric emergency potentially requiring admission for inpatient psych treatment. H & Ps were review as well as screening labs for any instances of change in dispo or management based on the screening labs.

Results: 1082 visits were assessed, and of those visits 871 had laboratory tests performed. Abnormal lab tests resulted in a total of 7 changes in disposition (0.8%) and 50 changes in management (5.7%) that were not associated with a change in disposition. One of the disposition changes was as a result of a positive pregnancy test. Patients receiving screening had a longer length of stay than those without testing (117 minutes longer on average). Ultimately no patient was found to have an organic cause of their psychiatric symptoms based on the screening labs alone.

Conclusion: Screening labs, albeit still required by almost every psychiatrist in the area, are largely not contributory to anything with regards to patient care other than an unnecessary increase in length of stay by almost 2 hrs on average. I do believe that if we suspect a concomitant somatic disease process along with their psych issues, we need to address it with an appropriate workup. The opinion paper puts the issue poignantly by citing ACEP recommendations for these particular cases in both adult and pediatric populations:
Lab evaluation should be obtained according the the patient's history and physical exam result; routine ED lab testing is low yield and not required (Level B rec).
In awake, alert and cooperative patients, routine urine drug testing does not affect ED management and should not be obtained (level C rec)
A patient's cognitive abilities, not their blood alcohol content, should be the basis on which a mental health evaluation is initiated (Level C rec)
I am confident that all of us as responsible ED providers find these recommendations appropriate, however, it becomes an issue when the psychiatrist continuously insist on obtaining screening labs prior to admission to the ward. We will have to work together with psychiatry to reach a reliable compromise that will not hinder our ability to appropriately disposition the patients.