

# Mental Health Issues in the Emergency Department Before and After the PEC

Jamie Lamb, AIC, SCLA  
Director of Claims Operations  
LHA Trust Funds

Carl “Chip” E. Helmers III  
Attorney  
Frilot, LLC



**2022 WORKPLACE VIOLENCE SYMPOSIUM**

# Discussion Topics

- PEC issues in the ED
- Management of patients following a PEC
- System failures and risks
- Documentation
- Evaluation requirements
- Escalations and violent patients



# PEC & CEC

## Physician Emergency Certificate

## Coroner's Emergency Certificate

OBH-1 (PEC)  
Rev. 05/2017

Complete Prior  
to Admission

STATE OF LOUISIANA  
LOUISIANA DEPARTMENT OF HEALTH – OFFICE OF BEHAVIORAL HEALTH  
PHYSICIAN'S EMERGENCY CERTIFICATE

For observation, diagnosis, and treatment at a treatment facility for a period not to exceed 15 days, or 28 days, for substance abuse (Title 28:52.4). See Louisiana Revised Statutes, Title 28, Sections 53 and 63. These directives must be fulfilled in order for this certificate to be valid.

|   |   |                           |  |                                |              |            |
|---|---|---------------------------|--|--------------------------------|--------------|------------|
| NAME OF EXAMINING PHYSICIAN:  |   | EXAMINATION DATE:         |  | EXAMINATION TIME:              |              |            |
| ADDRESS OF EXAMINING PHYSICIAN:   |   |                           |  |                                |              |            |
| <b>PATIENT DATA</b>   | NAME OF PATIENT   |                           |  |                                |              |            |
|   | ADDRESS OF PATIENT  |                           |  |                                |              |            |
|   | RACE  |                           | SEX<br><input type="checkbox"/> M <input type="checkbox"/> F                             | DATE OF BIRTH                  |              | BIRTHPLACE |
|   | MARRITAL STATUS<br><input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> SEP |                           | MILITARY STATUS<br><input type="checkbox"/> VETERAN <input type="checkbox"/> NON-VETERAN |                                | RELIGION     |            |
|   | NAME OF NEAREST RELATIVE, FRIEND, OR GUARDIAN   |                           |  |                                | RELATIONSHIP |            |
|   | ADDRESS   |                           |  |                                | PHONE NUMBER |            |
| CHECK:<br><input type="checkbox"/> Mental Illness or Substance Abuse (15 Day) <input type="checkbox"/> Substance Abuse (28 Day) <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> Order For Protective Custody Date: _____  |   |                           |  |                                |              |            |
| <b>FINDINGS OF EXAMINATION</b>  |   |                           |  |                                |              |            |
| HISTORY OF PRESENT ILLNESS (REASONS FOR ADMISSION, INCLUDING BEHAVIOR, ACTS, THREATS, ETC.)   |   |                           |  |                                |              |            |
| PHYSICAL FINDINGS (MEDICAL HISTORY, CURRENT MEDICATIONS, ETC.)  |   |                           |  |                                |              |            |
| MENTAL CONDITION (ORIENTATION, MOOD, THOUGHT CONTENT, AFFECT, ANY HALLUCINATIONS OR DELUSIONS)  |   |                           |  |                                |              |            |
| PREVIOUS PSYCHIATRIC TREATMENT  |   | DATE OF TREATMENT         |  | PLACE, IF KNOWN                |              |            |
| <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT  |   |                           |  |                                |              |            |
| IS PATIENT CURRENTLY: <input type="checkbox"/> SUICIDAL <input type="checkbox"/> HOMICIDAL <input type="checkbox"/> VIOLENT   |   |                           |  |                                |              |            |
| I am of the opinion that the above person named is in need of immediate psychiatric treatment in a treatment facility because he/she is seriously mentally ill or suffering from substance abuse so that he/she is (check where appropriate in both 1 & 2): |   |                           |  |                                |              |            |
| 1. <input type="checkbox"/> Dangerous to self <input type="checkbox"/> Dangerous to others <input type="checkbox"/> Gravely disabled  |   |                           |  |                                |              |            |
| 2. <input type="checkbox"/> Unwilling <input type="checkbox"/> Unable to seek voluntary admission   |   |                           |  |                                |              |            |
| SIGNATURE OF EXAMINING PHYSICIAN  |   | LA MEDICAL LICENSE NUMBER |  | DATE SIGNED                    | TIME SIGNED  |            |
| Completion of above certificate shall constitute legal authority to transport patient to the following facility:  |   |                           |  |                                |              |            |
| 1. _____  |   |                           |  |                                |              |            |
| 2. _____  |   |                           |  |                                |              |            |
| To be transported by: _____   |   |                           |  | Relationship to patient: _____ |              |            |

ORIGINAL TO HOSPITAL – ONE COPY TO EXAMINING PHYSICIAN



# Issues Arising from Changes in Mental Health Delivery System

- ED has become the first line of defense for patients with a mental health crisis.
- Lack of beds and Covid 19 creates boarding/daycare environment in a busy ED and other units that are unfamiliar with the needs of PEC patients
- Increases in potential liability exposures for the ED physicians, hospitals, and staff



# Evaluation Requirements

Who can lift a  
PEC/CEC?



# Lifting PEC/CEC

- The PEC/CEC statute does not provide a clear procedure for early termination of a PEC, however, the language generally suggests that a mental health patient has the right to be discharged as soon as their condition has improved to the point that confinement is no longer required.
- La. R.S. 28:96 provides that a patient who has a mental illness who no longer requires treatment may be discharged with the approval of the attending physician and treatment team.



# PEC Documentation

When does it start?

ED is a team effort for all care, especially PECs.

- Triage Process
- Nursing
- ED Docs
- Telepsych



## Documentation

The medical record is **the central piece of evidence** in every malpractice case.





# Violent Patients

## Medication/Treatment

- Any licensed physician may administer medication to a patient without his consent and against his wishes in a situation which, in the reasonable judgment of the physician who is observing the patient during the emergency, constitutes a psychiatric or behavioral health emergency.
- Behavioral Health Emergency - patient, as a result of mental illness, a substance related/addictive disorder, or intoxication, engages in behavior placing patient or others at significant and imminent risk of damage to life or limb.

La. R.S. 28:53



# Violent Patients

## Restraint

- Seclusion or restraint shall only be used to prevent a patient from physically injuring himself or others. Seclusion or restraint may not be used to punish or discipline a patient or used as a convenience to the staff of the treatment facility.
- Seclusion or restraint shall only be used when verbal intervention or less restrictive measures fail.
- Seclusion or restraint shall only be used in an emergency. An emergency occurs when there is either substantial risk of self-destructive behavior, as evidenced by clinically significant threats or attempts to commit suicide or to inflict serious harm to self, or a substantial risk or serious physical assault on another person, as evidenced by dangerous actions or clinically significant threats that the patient has the apparent ability to carry out.

La. R.S. 28:171



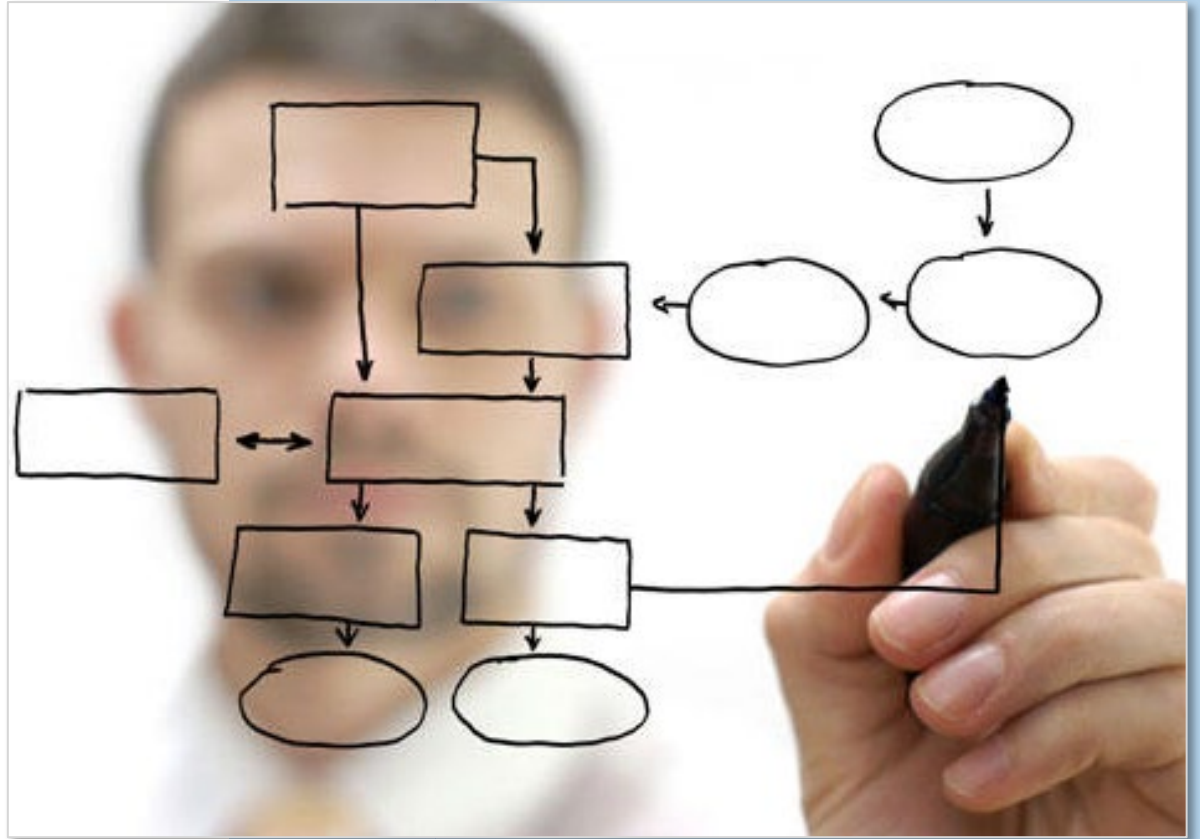
# System Failures

- Patient risk of injury
- Risk of third-party injury
- Risk of Staff injury
- Litigation exposure



# Goals

- Identification
- Assessment
- Staff training



# Case Example Documentation



## ED Note

The patient presents to the emergency department with c/o off and on tingling to face. Onset: The symptom(s)/episode began/occurred yesterday. Associated signs and symptoms: Pertinent negatives: abdominal pain, chest pain, congestion, constipation, cough, diarrhea, dysuria, earache, fever, headache, nasal discharge, rash, seizure, shortness of breath, sore throat, vomiting, wheezing.

10-year-old well-appearing male presents emergency room has a past medical history of autism and ADHD. Mother reports that child has been complaining of tingling to his entire face off-and-on since yesterday. She also states for the last several days he has been very emotional, he seems depressed, and sometimes he is having outbursts. Mother reports to me that the child reported to her husband yesterday he wanted to kill himself and grabbed a kitchen knife. Mother states child has a local psychiatrist however he has never had any suicidal thoughts or ideations previously. Currently child has no complaints.



23:15 **Patient Behavior:** Patient is calm. **Care Provided:** Observed by ED staff, respirations even non-labored, airway patent, no immediate needs determined. Skin/circulation checked.

cf3

23:30 **Patient Behavior:** Patient is calm. **Care Provided:** Observed by ED staff, respirations even non-labored, airway patent, no immediate needs determined. Skin/circulation checked.

cf3

23:45 **Patient Behavior:** Patient is calm. **Care Provided:** Observed by ED staff, respirations even non-labored, airway patent, no immediate needs determined. Skin/circulation checked.

cf3

09/24

00:00 **Patient Behavior:** Patient is calm. **Care Provided:** Observed by ED staff, respirations even non-labored, airway patent, no immediate needs determined. Skin/circulation checked.

cf3

00:15 **Patient Behavior:** Patient is calm. **Care Provided:** Observed by ED staff, respirations even non-labored, airway patent, no immediate needs determined. Skin/circulation checked.

cf3

00:30 **Patient Behavior:** Patient is calm. **Care Provided:** Observed by ED staff, respirations even non-labored, airway patent, no immediate needs determined. Skin/circulation checked.

cf3



00:45 **Patient Behavior:** Patient is calm. **Care Provided:** Observed by ED staff, respirations even non-labored, airway patent, no immediate needs determined. Skin/circulation checked.

cf3

01:00 **Patient Behavior:** Patient is calm. **Care Provided:** Observed by ED staff, respirations even non-labored, airway patent, no immediate needs determined. Fluids offered: Offered fluids and patient accepted. Elimination: Offered restroom and patient accepted. Range of motion performed to: Per self. Nutrition/hydration: Offered food and patient declined. Skin/circulation checked.

cf3

01:15 **Patient Behavior:** Patient is calm. **Care Provided:** Observed by ED staff, respirations even non-labored, airway patent, no immediate needs determined. Skin/circulation checked.

cf3

01:30 **Patient Behavior:** Patient is calm. **Care Provided:** Observed by ED staff, respirations even non-labored, airway patent, no immediate needs determined. Skin/circulation checked.

cf3

01:45 **Patient Behavior:** Patient is calm. **Care Provided:** Observed by ED staff, respirations even non-labored, airway patent, no immediate needs determined. Skin/circulation checked.

cf3

02:00 **Patient Behavior:** Patient is sleeping. **Care Provided:** Observed by ED staff, respirations even non-

cf3





# Elopement Case Example



# Resources the Trust Offers

[https://lhatrustfunds.com/toolkit/  
behavioral-health-toolkit/](https://lhatrustfunds.com/toolkit/behavioral-health-toolkit/)



# Questions?

**Jamie Lamb, AIC, SCLA**  
Director of Claims Operations

**JamieLamb@LHATrustFunds.com**

**225-368-3817**

**Carl “Chip” Helmers**  
Attorney, Frilot LLC

**chelmers@frilot.com**

**504-599-8035**



Providing Insurance Solutions for Louisiana's Healthcare Providers for over 40 years

**MALPRACTICE ■ GENERAL LIABILITY ■ WORKERS' COMPENSATION**