

Adolescents in Mental Health Crisis: ED Evaluation & Management

WIAAP Youth Canvas Conference

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No financial interests

Learning objectives

- Know the priorities of Emergency Department care
- Learn the ED evaluation guidelines
- Learn the pitfalls in ED evaluation

Scope of the Problem

- Suicide: 2nd leading cause of death in adolescents (CDC, 2023)
- Over 40% increase in adolescent ED visits for mental health conditions in recent years (CDC, 2023)
- Long ED boarding times; limited psych beds
- EDs often serve as crisis entry point

Priority of ED Evaluation

- Ensure immediate safety (suicide risk, violence, medical needs)
- Rapid risk stratification and triage
- Short-term stabilization
- Medical evaluation
- Psychiatric evaluation
- Supportive interaction and reduction of distress
- Prepare for disposition: discharge or transfer

ED care pitfalls

- Safety first
- Lack of medical urgency: delay in care
- Lack of resources
- Potentially aggravating/hostile environment
- Lack of inpatient resources
- Prolonged ED stay

Pharmacologic Interventions

- Mild agitation: Hydroxyzine, Diphenhydramine
- Moderate-severe: Olanzapine ODT/IM, Risperidone ODT, Haldol + Ativan, Ketamine (as last resort)

Medical Clearance – Focused Not Excessive

- Routine labs unnecessary without clinical concern
- Assess tox, AMS, trauma as indicated

Disposition & Legal Considerations

- Involuntary hold options
- Coordinate with psychiatry, social work, community supports
- Ensure safety plan upon discharge

Multidisciplinary Collaboration

- Nurses: Frontline safety and rapport
- Physicians: Risk assessment and stabilization
- Social Workers: Disposition and family support
- First Responders: Pre-ED safety and transitions
- School Staff/Counselors: Post-ED continuity

Summary & Takeaways

- Ensure safety first
- Use structured, trauma-informed tools
- Avoid over-testing or over-medicating
- Partner across disciplines for best outcomes

References

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