

Psychiatric Boarding in the Emergency Room

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Outline:**I. Introduction****A. Attention Getter**

The practice of delayed boarding of involuntary psychiatric patients has been ongoing for a long time in the United States which can mainly be attributed to the shortage of resources such as inpatient capacity.

B. Thesis statement:

Research suggests that prolonged boarding in emergency departments can lead to symptoms exacerbation and patient elopement because they find it hard to stay in such facilities if conditions are not favorable. Some of the immediate emergency responses may include sedation and restraint to help the patients calm down thus enhancing the ease of performing other medical procedures (Alakeson et al., 2010).

C. Preview of main Points:

1. Sedation to avoid symptom exacerbation: By sedating the patients, they will be temporarily incapacitated giving the medical staff a window opportunity of carrying out further tests and administering the required drugs.
2. Restraint to avoid patient elopement: This is a key intervention measure which should be applied on non-cooperative and vigorous patients to ensure that the cause minimal harm to themselves, other patients and facility staff members.

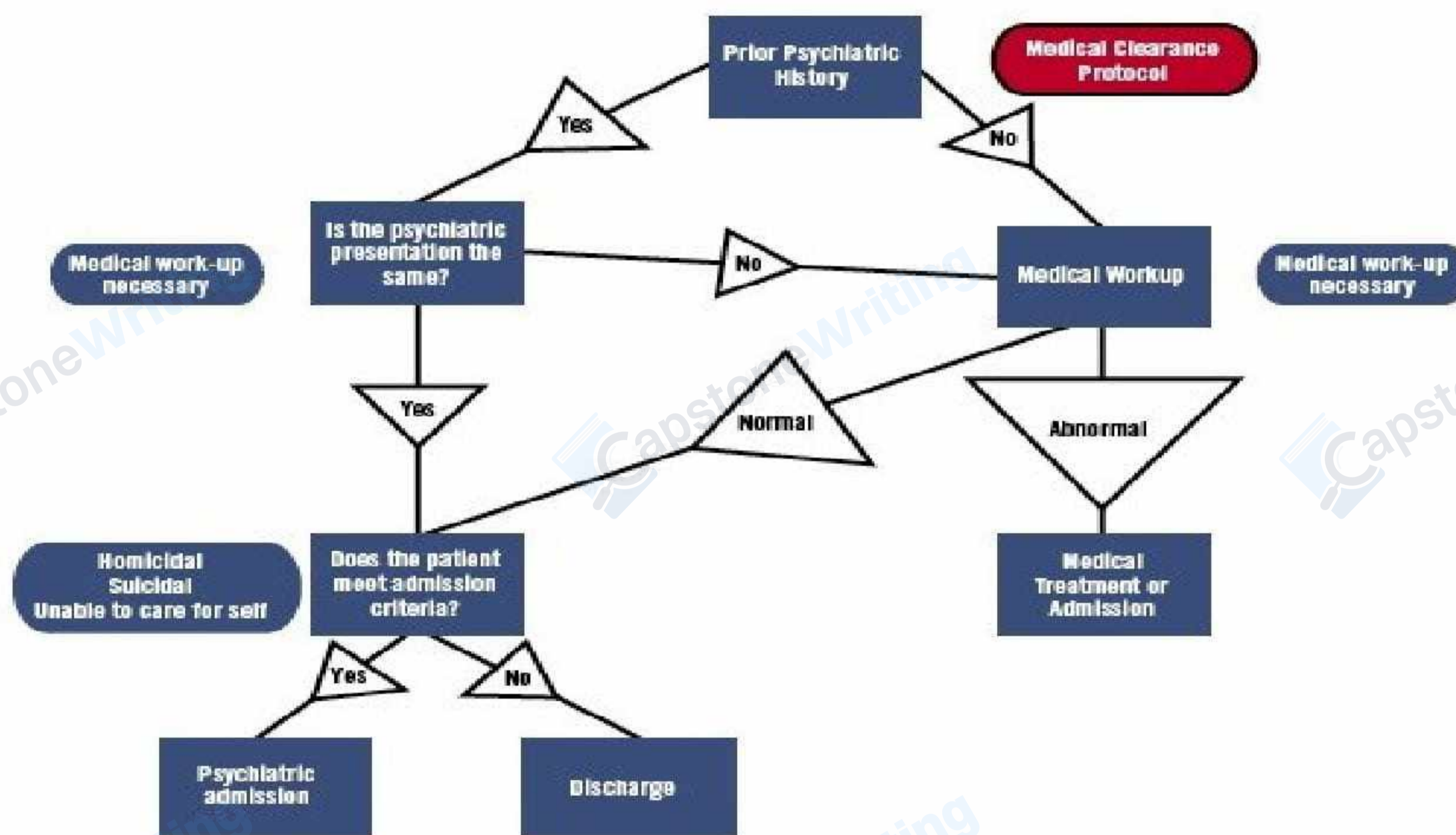
II. Main Point 1

- a. An immediate emergency responses is sedation which helps the patients calm down thus enhancing the ease of performing other medical procedures (Alakeson et al., 2010).

- b. By sedating the patient, the possibility of them harming themselves or facility staff members will be minimized (Alakeson et al., 2010).
- c. With minimal chance of physical harm, extensive intervention measures can be taken to ensure speedy recovery thus saving time and resources (Alakeson et al., 2010).

Show Visual Aid of Emergency Admission Procedure

EMERGENCY DEPARTMENT EVALUATION OF PSYCHIATRIC PATIENTS



III. Main Point 2

- a. In emergency mental situations, the patient will often not be cooperative with the medical staff and will try every possible method of escaping (Szuster et al., 1990).
- b. Trying to escape from a concealed and well-guarded facility can lead to physical harm to the patient, other patients, or even the medical staff members (Szuster et al., 1990).

c. In scenarios where elopement is as a result of addiction, a successful attempt means that the efforts to rehabilitate the patient goes down the drain (Szuster et al., 1990).

IV. Conclusion

A. Restatement of the Thesis: Research suggests that prolonged boarding in emergency departments can lead to symptoms exacerbation and patient elopement because they find it hard to stay in such facilities if conditions are not favorable.

B. Summary of main points:

1. A psychiatric patient should undergo immediate sedation upon arrival at an emergency facility which will help prevent symptom exacerbation
2. If the patient shows signs of rebellion and non-cooperation, restraint is the best and most sure way of keeping them in the facility before medical intervention.

C. Closing comments: The target audience of these remarks is the chief medical officers of emergency facilities since they are the ones charged with ensuring that the operations in the hospital run smoothly and that patients receive optimum care. If they perform their duties diligently, cases of mental disorder will reduce significantly.

Reference List:

- Alakeson, V., Pande, N., & Ludwig, M. (2010). A plan to reduce emergency room 'boarding' of psychiatric patients. *Health Affairs*, 29(9), 1637-1642.
- Nolan, J. M., Fee, C., Cooper, B. A., Rankin, S. H., & Blegen, M. A. (2015). Psychiatric boarding incidence, duration, and associated factors in United States emergency departments. *Journal of Emergency Nursing*, 41(1), 57-64.

Szuster, R. R., Schanbacher, B. L., & McCann, S. C. (1990). Characteristics of psychiatric emergency room patients with alcohol or drug-induced disorders. *Psychiatric Services*, 41(12), 1342-1345.

Visual Aid of the current Delay Statistics:

