

Thank you for contacting Kootenai Behavioral Health Center's Youth Acute Psychiatric Unit. We consider transfer requests for patients in an Emergency Department or Inpatient unit who do not have the capacity to provide psychiatric services. If the patient you are seeking services for is not currently in one of the above levels of care and is felt to be a danger to themselves or others, please go to your **nearest** Emergency Department for assessment.

In order to begin consideration for transfer, please send the following information via fax. Updated clinical will need to be received and reviewed before the transfer request can be initiated. Additional clinical may be requested at the discretion of the on-call psychiatrist. We are unable to give you any information on bed capacity until after review of the clinical information due to the need for consideration of age, gender, ability to have a roommate and acuity level.

**Exclusion:** Please note that patient's with significant developmental delays, nonverbal autism, or primary eating disorders are not appropriate for admission to KBHC Youth Acute unit. We do not have the program or environment needed for patients presenting with these issues.

The patient must be medically stable for transfer to the psychiatric unit and must:  
Physically take PO fluids and feed self without assistance, be independent with ADL's, and not require IV's

**Please fax the following to 208-625-5773 (unless you are a shared Meditech Access Hospital i.e. Bonner and Boundary):** This information will be needed in order to assess if we have the capacity to safely care for your patient.

- Attached Youth Information Sheet (includes Legal Guardian, Education, and ADL information)
- Demographic Sheet
- Current Medication List
- Allergies
- A current dictated History and Physical by a Medical Physician
- A current set of lab work including: Chemistry, Hematology, Urine, Toxicology, TSH, Pregnancy in fertile females and ETOH level if appropriate.
- Progress notes that state the reason the patient has presented to the ED
- Information on Diagnosis and current providers

If the patient is an Idaho involuntary placement, KBHC will need the following documentation:

**(Note- KBHC does not accept involuntary placements from other states)**

- Involuntary detention paperwork signed by a peace officer, notarized, and scanned to the local Prosecuting Attorney's office.
- An order to transport issued by the county's Prosecuting Attorney's office or proof the hold paperwork has been faxed to the local Prosecuting Attorney's office (fax confirmation sheet).

Once the clinical has been reviewed, our on-call psychiatrist will call your facility to speak with your treating physician. If the patient is accepted and there is bed capacity, the transfer center will let you know on the call to complete the admission packet found at <https://www.kh.org/behavioral-health/behavioral-health-transfer-forms/> prior to the patient's departure from your facility:

- Initiate the legal guardian completing required **admission packet** and fax it to KBHC – 208-625-5773
- Obtain inpatient authorization if needed (BHO for WA Medicaid)
- Print the appropriate Family Information packet from <https://www.kh.org/behavioral-health/behavioral-health-transfer-forms/> and give to the legal guardian.

Once this information is received, we will work on registering the patient. We will contact you and complete an RN to RN report. Do not send/release the patient from your care until after the RN to RN report has been completed.

KBHC Youth Acute Information

- Approximately 7-10 day length of stay depending on the clinical presentation of the patient.
- Parents are encouraged to visit during designated times outlined in the parent information packet but are not allowed to stay on the unit with the patient.
- Please bring 2-3 changes of clothing and undergarments for your child to wear during their stay.

**Youth Information Sheet:**

The following information provides our team with an accurate clinical picture of the patient and family situation

**Legal Guardian:**

Who is the Legal Guardian for this patient: \_\_\_\_\_

If the legal guardian is not present, have they been notified of request for inpatient hospitalization? (Note: residential/group home facility personnel usually have the authority to seek emergent care, but not inpatient psychiatric care)

\_\_\_\_\_

Participation in the therapeutic process: Will the patient's family/legal guardian have the ability/resources to travel to our facility within the first 72 hours of admission for in person family sessions?

\_\_\_\_\_

Discharge Planning: Due to the acute nature of our program, discharge dates can happen within a 24 hours notification period. Will the family/legal guardian have the ability/resources to travel for a discharge session and pick up? Please note that any out of home placement may not occur directly from their acute hospital stay.

\_\_\_\_\_

Out of home placement: If the patient is currently residing in an out of home placement, will the patient be returning to that program? And if not, has the legal guardian been notified to begin alternative home or out of home placement disposition?

\_\_\_\_\_

Is there any Child Protective Service involvement with this patient/family? \_\_\_\_\_

Is there any sexually acting out behavior with this patient? \_\_\_\_\_

**Education:**

What grade is the patient in? \_\_\_\_\_

Are they in a mainstream classroom?

(If not are they in an alternative/resource setting, do they have an IEP/504, and do they require a 1:1 aid?)

\_\_\_\_\_

**Activities of Daily Living:**

Can the patient complete their ADL's (bathing, toileting, out of diapers/pull ups etc.) independently? If not what are the accommodations?

\_\_\_\_\_