DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(PARAMEDIC)

SUBJECT: **MEDICAL CLEARANCE CRITERIA SCREENING TOOL FOR PSYCHIATRIC URGENT CARE CENTER (PUCC)** REFERENCE NO. 526.1

PROCEDURE:

1. Paramedic shall assess and evaluate the patient using all the criteria listed below.
2. If ALL criteria are **Yes (Green)** – triage patient to designated Psychiatric Urgent Care Center (PUCC), only if transport time is within 15 minutes.
3. If ANY criterion is **No (Red)** – triage patient to the most accessible 9-1-1 receiving hospital.
4. MEDICAL CLEARANCE CRITERIA FOR **PUCC**

Provider Impression of Behavioral/Psychiatric Crisis	Yes ☐	No ☐
Voluntarily consented or 5150 hold	Yes ☐	No ☐
Ambulatory, does not require wheelchair and no focal neurological deficit	Yes ☐	No ☐
No emergent medical condition	Yes ☐	No ☐
Age ≥ 18 years old and ≤ 65 years	Yes ☐	No ☐
Heart Rate ≥60 and ≤120 beats per minute	Yes ☐	No ☐
Respiratory Rate ≥12 and ≤24 respirations per minute	Yes ☐	No ☐
Pulse Oximetry ≥94% on room air	Yes ☐	No ☐
SBP ≥100 and <180 mmHg	Yes ☐	No ☐
Glasgow Coma Score ≥14	Yes ☐	No ☐
If diabetes, glucose ≥60 and <250mg/dL	Yes ☐	No ☐
No injury meeting TC criteria or guidelines	Yes ☐	No ☐
No complaint of: chest pain, SOB, Abdominal or pelvic pain, or syncope	Yes ☐	No ☐
No open wounds or bleeding	Yes ☐	No ☐
No clinical intoxication (drugs and/or alcohol)	Yes ❒	No ❒
Not pregnant (known or suspected)	Yes ☐	No ☐
Not requiring special medical equipment	Yes ☐	No ☐
No intellectual or developmental disability	Yes ☐	No ☐
No dangerous behavior	Yes ☐	No ☐
No signs and symptoms of Agitated Delirium	Yes ☐	No ☐
EMS Personnel feel patient is stable for PUCC	Yes ☐	No ☐