**Unit 19200 (Inpatient Medicine in Psychiatry) admission criteria:**

*Priorities:*

*Medicine in Psychiatry (MIPS) primary care clinic patients and patients with Severe Mental Illness (SMI) who have acute* ***medical*** *needs.*

1. Patients admitted to the medical unit 19200 must have an acute medical diagnosis.
2. Patients may additionally have an underlying chronic psychiatric or behavioral health need.
3. If patients have an acute psychiatric concern in addition to an acute medical diagnosis, the patient should be evaluated by psychiatry to determine needs; patients cannot be admitted for an acute psychiatric need alone as 19200 is not part of the psychiatric hospital.
4. **Patients must be medically stable for a general medical unit that is geographically remote from the ICU (e.g. not requiring pressers or intubation).**
5. Patients will be considered for transfer from other units if they have an acute medical diagnosis requiring hospitalization that is complicated by psychiatric concerns. Transfers require attending-to-attending communication and **occur during regular business hours** (no urgency for medicine-to-medicine transfer).
6. **No direct transfers from outside hospitals**

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**Frequently asked Questions**

**What is Unit 19200 (aka “Inpatient Medicine in Psychiatry or IMIP)?**

A medical unit of medical providers, nurses and social workers tasked with providing **quality medical care tailored to patients with Severe Mental Illness (SMI)***.*

**What is SMI?**

Schizophrenia-spectrum disorders; severe bipolar disorder, severe anxiety; severe major depression that affects daily functioning.

**Why do patient Patients with SMI need a special unit?**

**Patients with SMI age more rapidly and die 25 years earlier than the general population due to complex and intertwined medical, cognitive and psychiatric needs.** Our mission is to reduce this disparity by providing medical care that is informed by knowledge of the patient’s mental illness, medications and social and behavioral needs.

**Is Unit 192 a psychiatry unit?**

No. It is a medical unit.

**Is Unit 192 specialized in managing patients with “challenging behaviors?”**

We specialize in caring for patients with acute medical needs and SMI, many of whom may have behavioral needs.

**I have a patient with delirium/encephalopathy, should this patient go to Unit 192?**

Not necessarily. All medical units can work up and care for patients with delirium and dementia.

If the patient is from our primary care clinic, or if they also have SMI, 192 may be the right place to care for them.

**What are the priorities for admission and transfers to the unit?**

1. **Patients from Medicine in Psychiatry (MIP) Primary Care Clinic**

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2. Patients with acute medical needs (e.g. AKI warranting admission, CHF/COPD exacerbation, DKA, cellulitis/osteomyelitis) *and* underlying Severe Mental Illness (see above),especially those seen in the outpatient psychiatry clinic (“Strong Ties”).

3. Patients with acute medical needs *related to* psychiatric conditions or psychiatric medications, e.g.

catatonia due to psychosis or depression

intentional overdose in suicide attempt

toxic effects of psychiatric medications (e.g. Lithium renal toxicity)

failure to thrive due to psychosis

4. Patients with acute delirium in the context of concomitant psychiatric conditions and psychiatric polypharmacy.