



# Yolo County Emergency Medical Services Agency

## Protocols

Revised Date: December 14, 2018

<b>MENTAL HEALTH TRIAGE FORM</b>	
Date:	Incident Location:
Patient Name:	
DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Triage Criteria</b>	
<b>Suspect new onset mental health condition:</b>	If "NO" continue <input type="checkbox"/>
<b>Medical condition that requires treatment:</b>	If "NO" continue <input type="checkbox"/>
<b>Abnormal Vital Signs:</b> <input type="checkbox"/> Temperature: > 38.0° C (100.4° F) <input type="checkbox"/> HR: < 50 or > 120 <input type="checkbox"/> BP: < 100 systolic or > 180 (2 consecutive readings) <input type="checkbox"/> RR: < 8 or > 22 <input type="checkbox"/> O <sub>2</sub> Sat: < 94% room air  <b>Mental Status:</b> <input type="checkbox"/> Cannot answer: name, month/year and location <input type="checkbox"/> Possible intoxication	If "NO" continue <input type="checkbox"/>
<b>Risky Presentation:</b> <input type="checkbox"/> Age > 55 <input type="checkbox"/> Possible OD/Ingestion <input type="checkbox"/> Eating disorder <input type="checkbox"/> Possibility for alcohol withdrawals (DT's) <input type="checkbox"/> Ill appearing <input type="checkbox"/> Any obvious life threatening injuries	If "NO" continue <input type="checkbox"/>
<ul style="list-style-type: none"> <li>If ANY <b>categories</b> cannot be answered with "NO," then the patient shall be transported by EMS to the closest most appropriate receiving Emergency Department (ED) for further evaluation.</li> <li>If ALL <b>categories</b> are answered with "NO," then the patient is considered a candidate for transport by Law Enforcement or other non-EMS modes to a Mental Health Urgent Care or Navigation Center <b>within</b> Yolo County.</li> </ul>	
Paramedic Name:	
Paramedic Signature:	
Transport Name:	
Transport Signature:	

Form to be retained by EMS personnel and scanned into the ePCR.