Overview

Informational Notes

The Child and Adolescent Psychiatry criteria are for the review of patients who are ages 4 thru 17, unless otherwise specified within a specific level of care.

InterQual® content contains numerous references to gender. Depending on the context, these references may refer to either genotypic or phenotypic gender. At the individual patient level, a variety of factors, including, but not limited to, gender identity and gender reassignment via surgery or hormonal manipulation, may affect the applicability of some InterQual criteria. This is most often the case with genetic testing and procedures that assume the presence of gender-specific anatomy. With these considerations in mind, all references to gender in InterQual have been reviewed and modified when appropriate. InterQual users should carefully consider issues related to patient genotype and anatomy, especially for transgender individuals, when appropriate.

InterQual® criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from our independent panel of clinical experts. To generate the most appropriate recommendations, a comprehensive literature review of the clinical evidence was conducted. Sources searched included the Agency for Healthcare Research and Quality (AHRQ) Effective Health Care Program, American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American Psychological Association, American Society of Addiction Medicine, Centers for Medicare and Medicaid Services, Choosing Wisely, Cochrane Library, National Institute of Alcohol Abuse and Alcoholism, National Institute for Health and Care Excellence, National Institute on Drug Abuse, PubMed, Substance Abuse and Mental Health Services Administration, and other key medical societies. The Association of Ambulatory Behavioral Healthcare, Commission on Accreditation of Rehabilitation Facilities, and the Joint Commission were also searched. Other medical literature databases, medical content providers, data sources, regulatory body websites, and specialty society resources may also have been utilized. Relevant studies were assessed for risk of bias following principles described in the Cochrane Handbook. The resulting evidence was assessed for consistency, directness, precision, effect size, and publication bias. Observational trials were also evaluated for the presence of a dose-response gradient and the likely effect of plausible confounders.
OBSERVATION, One: (1)

- **Episode Day 1, ≥ One:**
  - Nonsuicidal self-injury increasing within last 24 hours, **All:** (2)
    - Continuing despite change in treatment plan
    - Increase in frequency and intensity within Partial Hospital Program or Intensive Outpatient Program within last 24 hours (3)
    - Professional medical attention not required (4)
    - Support unavailable or unable to provide required care and supervision (5)
  - Substance-induced psychosis with potential to harm self or others, **Both:** (6)
    - Impaired judgement
    - Supports unavailable or unable to provide required care and supervision (5)
  - Substance intoxication and potential danger to self or others, ≥ **One:**
    - Disorientation (7)
    - Homicidal ideation
    - Poor impulse control (8)
    - Suicidal ideation and support unavailable or unable to provide required care and supervision (5, 9, 10)
  - Suicidal ideation reactive to acute identified stressor, ≥ **One:** (9, 10)
    - With intent (11, 12)
    - With plan (13)
    - With poor impulse control (8)

- **Episode Day 2, One:**
  - Symptom improved and discharge expected today, **One:** (14)
    - Caregiver or patient demonstrates ability to manage condition and condition does not require daily monitoring (see Outpatient criteria)
  - High risk of rehospitalization (see Intensive Outpatient Program criteria), **Both:**
    - Impairment in daily functioning
    - Moderate symptoms of disorder (15)
  - Patient with serious emotional disturbance or autism spectrum disorder or intellectual disability, **One:** (16)
    - Able to live within community with intensive support (see Intensive Community-Based Treatment criteria)
  - Symptom of psychiatric disorder interferes with ability to function in school setting and imminent risk of school failure (See Day Treatment Program), **Both:**
    - Persistent and severe functional impairment over last 6 months
    - Support system agrees to participate in treatment and unsuccessful implementing interventions (17)
  - Patient requires structured program and clinical assessment at least 5 days per week (see Partial Hospital Program criteria), **All:**
    - High risk of rehospitalization
    - Support able to provide monitoring or assistance during non-program hours
    - Symptoms severe (15)
  - Patient with serious emotional disturbance or autism spectrum disorder or intellectual disability, **One:** (16)
    - High risk of harm to self or others without intensive supervision within the community (see Supervised Living criteria)
  - Eating disorder symptom severe (see Residential Treatment Center criteria), **Both:** (15)
    - Requires intensive structured treatment and medical monitoring to prevent further deterioration in condition
    - Treatment not expected to be successful in less intensive level of care
  - Patient with serious emotional disturbance or autism spectrum disorder or intellectual disability, **One:** (16)
    - Unable to be safely and effectively managed within the community (see Residential Treatment Center criteria)
  - Symptom improving or expected to improve and not clinically stable for discharge, **Both:**
    - Finding present within last 24 hours, ≥ **One:**
      - Nonsuicidal self-injury increasing within last 24 hours, **All:** (2)
        - Continuing despite change in treatment plan
        - Increase in frequency and intensity within Partial Hospital Program or Intensive Outpatient Program within last 24 hours (3)
        - Professional medical attention not required (4)
        - Support unavailable or unable to provide required care and supervision (5)

- Substance-induced psychosis with potential to harm self or others, Both: (6)
  - Impaired judgement
  - Supports unavailable or unable to provide required care and supervision (5)

- Substance intoxication and potential danger to self or others, ≥ One:
  - Disorientation (7)
  - Homicidal ideation
  - Poor impulse control (8)
  - Suicidal ideation and support unavailable or unable to provide required care and supervision (5, 9, 10)

- Suicidal ideation reactive to acute identified stressor, ≥ One: (9, 10)
  - With intent (11, 12)
  - With plan (13)
  - With poor impulse control (8)

- Intervention within last 24 hours, ≥ One:
  - Discharge planning, Both:
    - Alternate level of care plan initiated
    - Support system or psychosocial assessment (18)
  - Medication adjustment, ≥ One:
    - Medical evaluation
    - Psychiatric evaluation
  - PRN medication 1 to 2 times within last 24 hours to control symptom, ≥ One: (19)
    - Antianxiety (20)
    - Antipsychotic (21)
    - Rapid tranquilization (22)

- Symptom worsening and more intensive level of care indicated, One: (23)
  - Acute danger to self or others or gravely disabled (see Inpatient criteria) (24)
  - Age 13 thru 17 with severe withdrawal potential or withdrawal syndrome severe or life threatening (see InterQual® Substance Use Disorders Inpatient Detoxification criteria)

- Episode Day 3, One:
  - Symptom improved and discharge expected today, One: (14)
  - Caregiver or patient demonstrates ability to manage condition and condition does not require daily monitoring (see Outpatient criteria)
  - High risk of rehospitalization (see Intensive Outpatient Program criteria), Both:
    - Impairment in daily functioning
    - Moderate symptoms of disorder (15)
  - Patient with serious emotional disturbance or autism spectrum disorder or intellectual disability, One: (16)
    - Able to live within community with intensive support (see Intensive Community-Based Treatment criteria)
  - Symptom of psychiatric disorder interferes with ability to function in school setting and imminent risk of school failure (See Day Treatment Program), Both:
    - Persistent and severe functional impairment over last 6 months
    - Support system agrees to participate in treatment and unsuccessful implementing interventions (17)
  - Patient requires structured program and clinical assessment at least 5 days per week (see Partial Hospital Program criteria), All:
    - High risk of rehospitalization
    - Support able to provide monitoring or assistance during non-program hours
    - Symptoms severe (15)
  - Patient with serious emotional disturbance or autism spectrum disorder or intellectual disability, One: (16)
    - High risk of harm to self or others without intensive supervision within the community (see Supervised Living criteria)
  - Eating disorder symptom severe (see Residential Treatment Center criteria), Both: (15)
    - Requires intensive structured treatment and medical monitoring to prevent further deterioration in condition
    - Treatment not expected to be successful in less intensive level of care
  - Patient with serious emotional disturbance or autism spectrum disorder or intellectual disability, One: (16)
    - Unable to be safely and effectively managed within the community (see Residential Treatment Center criteria)

- Symptom worsening and more intensive level of care indicated, One: (23)
− Acute danger to self or others or gravely disabled (see Inpatient criteria) (24)
− Age 13 thru 17 with severe withdrawal potential or withdrawal syndrome severe or life threatening (see InterQual® Substance Use Disorders Inpatient Detoxification criteria)
Notes:

1: Introduction
The Observation criteria are used for a patient who has been admitted or is expected to be admitted to psychiatric observation.
The psychiatric observation is generally for up to 23 hours, though in rare situations, may be up to 48 hours. The psychiatric observation level of care is utilized for acute treatment of certain emergent psychiatric presentations which can be rapidly assessed and stabilized and discharged to a less intensive level of care, or to determine the need for a more intensive level of care. The psychiatric observation level of care is not the same as the medical observation level of care. The medical observation level of care is utilized in general medical settings that do not have specialized psychiatric treatment resources, to hold patients with certain psychiatric presentations for evaluation by a behavioral health clinician and disposition.

Evaluation and treatment
Programming may differ based upon legislative and geographical variances and is subject to organizational policy; however, at a minimum it should include:
• Blood and urine laboratory screen within 6 hours
• Care coordination with other care providers and social services (American Psychiatric Association, Am J Psychiatry 2007, 164(7 Suppl): 5–53)
• Individual or family therapy if determined to be necessary at least once per day
• Individualized goal-directed treatment plan within 12 hours
• Medical history and physical examination within 6 hours
• Nursing assessment within 4 hours and nursing staff observation 24 hours per day
• Psychiatric evaluation initial within 6 hours, subsequent at least once per day by a physician or nurse practitioner or psychologist as legally authorized by the state
• Psychosocial and substance evaluation within 12 hours

2:
Nonsuicidal self-injury refers to the intentional damaging of any part of one's body (e.g., cutting or burning the skin) without suicidal intent. In young children, it may also be exhibited as persistent head-banging.

3:
An increase in the intensity of a patient's self-injury may be evidenced by the making of progressively deeper cuts, more extensive self-injury, or injuring the genitalia. Cuts to the neck or face are significant indicators of increasing pathology.

4:
Professional medical attention not required means that the individual did not require services typically performed only by licensed health care providers (e.g., suturing, irrigation & debridement). The individual may have required services that can routinely be performed by laypersons, such as applying topical agents or bandages, even if those services were performed by a medical professional.

5:
Unavailable support refers to the patient who lacks the support needed to ensure safety or facilitate recovery so the patient can be therapeutically managed in a less intensive level of care.

6:
Substances that can cause psychosis include, but are not limited to, amphetamines, cannabis, cocaine, phencyclidine (PCP, angel dust), methylenedioxypyrovalerone (bath salts), hallucinogens (LSD, mescaline, psilocybin), and dextromethorphan at high doses.

7:
Disorientation refers to confusion about time, the place, or who the person is (American Psychiatric Association, Diagnostic and statistical manual of mental disorders, fifth edition. 2013).

8:
Poor impulse control refers to the inability of an individual to resist an urge or an impulse to engage in behavior that may be potentially dangerous to the patient or others (American Psychiatric Association, Diagnostic and statistical manual of mental disorders, fifth edition. 2013).

9:
Suicidal ideation includes not only active ideation that entails serious thoughts and/or plans to commit suicide but also passive ideation without an active plan, intent, or means. Passive ideation can present as a recurrent wish to die, or thoughts of dying in one’s sleep.

10:
In some situations, the precipitant of suicidal ideation may be expected to resolve rapidly with treatment, leading to quick resolution of the suicidal ideation. In these cases, the individual may be able to move to an alternate level of care fairly quickly.

11:
Suicidal intent refers to the individual’s subjective desire that the behavior will result in his/her death (American Psychiatric Association. Practice guideline for the assessment and treatment of patients with suicidal behaviors. 2006, p. 1315–496). Suicidal intent may be expressed by the patient, or may be strongly suspected based on factors such as giving away most of one’s possessions, writing out instructions for others for disposing of one’s assets, or saying goodbye to family members or friends.

12:
A landmark study of 9– to 16–year–olds demonstrated that wanting to die is a proximal risk factor for suicide attempt (Foley et al., Arch Gen Psychiatry 2006; 63(9): 1017–1024). Other research has demonstrated that adolescents who completed suicide had a higher level of intent than suicidal adolescents who were hospitalized (Brent et al., Arch Gen Psychiatry 1988; 45(6): 581–8).

13:
A plan refers to how the individual expects to kill themselves and assessing a plan should include evaluation of any steps the individual took to enact or prepare for death. If the patient is vague or unclear about a plan, the evaluator should obtain corroborative information from the patient’s family, significant other, friends, and/or employer.

14:
Selection of this criteria point indicates that the patient is responding to treatment and is clinically stable for discharge to an alternate level of care. To determine the most appropriate level of care go to the recommended level of care.

15:

16:
Serious emotional disturbance refers to an individual who is under the age of 18 and has a diagnosed psychiatric disorder within the last 12 months that substantially limits or interferes with the ability to achieve or maintain developmentally appropriate adaptive, behavioral, cognitive, communication, or social skills. The federal definition excludes developmental disorders and substance use disorders. Some states have extended the age to 22 but that is dependent on the state (Substance Abuse and Mental Health Services Administration, Definition of children with a serious emotional disturbance. 1993).

17:
A support system refers to the person(s) or agency that has primary responsibility for the child and with whom the child resides most of the time. These individuals provide the child with social, emotional, and environmental resources and can be aided by case managers, case–workers, support–group sponsors, and friends.

18:
Support system includes social, emotional, caregiving, or environmental resources that can provide empathy, structure, oversight, or tangible aids such as goods, services, and housing:

• Formal supports consist of social welfare, social service, and health care providers or agencies.
• Informal supports include family, friends, educators, clergy, sponsors, church groups, neighborhood organizations, clubs, and self-help groups.

19:
PRN medication for these criteria refers to medication that:
• Is indicated in addition to the patient's therapeutic dose of a medication or a recommended medication titration schedule, and
• Is not part of the patient's regular PRN medication regimen outside of the hospital, and
• Needs to be FDA approved, and
• Related to the symptom necessitating continued stay and not intended for insomnia

20:
Antianxiety medicines for children include but are not limited to hydroxyzine.

21:
Antipsychotics medications for children include, but are not limited to, haloperidol, olanzapine, or quetiapine.

22:
Rapid tranquilization, also known as chemical restraint or emergency medication, is used to control behavior that presents an imminent threat of serious physical injury to self or others, and is not part of the routine plan of care. Routes of administration may include, but are not limited to, PO, IM, or IV. Whenever rapid tranquilization is utilized, it is important to identify the triggers and warning signs leading up to the dangerous behavior, and to consider changes to the treatment plan to avoid continued emergency medication use. The patient and/or family should be involved in this identification and planning.

23:
Selection of this criteria point indicates that the patient's symptom is worsening and may require a more intensive level of care. To determine the most appropriate level of care go to the recommended level of care.

24:
Gravely disabled is a term that generally refers to an individual who, as a result of a psychiatric or substance use disorder, is in acute danger of serious physical harm due to an inability or failure to provide the essential human needs of food, clothing, shelter, and essential medical care. The individual lacks the capacity to make an informed decision concerning his/her need for treatment and lacks the support to provide needed care. Gravely disabled is a term most often used for the emergency involuntary commitment of an individual to an inpatient unit and the definition of gravely disabled may differ based on legislative and geographical variances.