

## **Abstract**

**Background:** Changes within the U.S. healthcare system has left many patients with serious mental illness few options other than the emergency department (ED) when in mental distress or crisis. This has resulted in the practice of boarding psychiatric patients in the ED while waiting for inpatient availability. There are no national guidelines on how to care for this specific population.

**Intervention:** The purpose of this project was to develop, implement, and evaluate the initiation of a standardized order set for acutely psychotic patients that were boarding in the psychiatric emergency services area of an urban ED. The goal of this order set was to improve both the quality of care provided and ED throughput by decreasing inpatient length of stay (LOS). The order set included a standing and prn neuroleptic to target psychosis, a prn benzodiazepine for agitation, extrapyramidal symptom prophylaxis, and nicotine replacement therapy.

**Method:** This quality improvement project was a pre- and post-intervention design and used quantitative descriptive statistics to describe the outcomes. It was implemented over a period of three months. Total number of target psychiatric symptoms, which included hallucinations, delusions, and suicidal ideation, were measured on arrival and again on final disposition.

**Results:** Patients that received the order set had a significant decrease in target psychiatric symptoms. There was not a significant change in inpatient or ED LOS when compared to the same three-month period the year prior.

**Conclusion:** Initiating treatment for psychotic patients, who have longer stays than those without, can be one way to improve outcomes for this population.