CHEO

Psychiatric emergency assessment

CHEO is the designated schedule 1 hospital in the Champlain region supporting community hospitals in the management of pediatric mental health acute, high risk patients.

To request a psychiatric emergency assessment

The attending Emergency Department physician will need to:

• Ensure the patient meets the criteria for a Form 1, requiring involuntary status and a psychiatric assessment

- The patient does not need to be placed on Form 1, but needs to meet the same acuity level

Inclusion and exclusion criteria

Inclusion criteria

• Patient meets Box A criteria for a Form 1 under the Mental Health Act

• Risk of harm to self or others, or risk of physical impairment is considered imminent, life-threatening and best modified by an inpatient psychiatric admission

Exclusion criteria

• Delirium

• Intoxication or withdrawal

• Medically unstable

• Social admission (including homelessness)

• Call the Main Switchboard at 613-737-7600, extension 0 and ask for the on-call Psychiatrist, to review the case.

• The on-call psychiatrist will review the patient status and determine next steps, including completing a virtual assessment of the patient when appropriate while they are still in the community hospital• For patients who do not meet criteria for an emergency

assessment, please consider a referral to 1CallClick.ca.• 1CallClick is a regional coordinated access and navigation program that connects children, youth and families to the right services at the right time. This bilingual service assists children and youth up to 21 years of age

For accepting referrals, the Referring Hospital will need to

• Complete the referral package, and **fax to 613-738-4852. Please include**:

1. CHEO referral and billing information
2. Regional Medical Clearance and Repatriation Form
3. Clinical Notes
4. Form 1 (if there is one)

• While speaking to CHEO on the phone:
○ Confirm your hospital's email address (to send the virtual link)
○ Confirm time of virtual assessment
○ Confirm that there will be a parent / caregiver present. When it is not appropriate for a parent to be at the bedside, confirm that a nurse or other appropriate staff member be present.
○ Provide phone number to CHEO, to be reached during and after the assessment.

• Have your iPad ready to go, and email open to accept virtual link.

Please Note

CHEO will work to provide same day assessments until 8pm. Calls received after 8pm will have virtual assessments booked for the following day.

Slides are available from meetings with referring hospitals in our region here, and you can view the recording on YouTube here.

CHEO

Referral package for Virtual Psychiatric Emergency Assessment

Patient Demographic Name:
Sex:
Date of birth:
Address:
Health Card #:
Contact #:
Emergency Contact Person: Emergency Contact #:
Email address:

Referring Site Emergency Department

We will require this completed referral package to be faxed to 613-738-4852 along with:
• Emergency Department Record: clinical notes on the patients, including the Form 1 (if there is one)

Referring physician information (Please Print Clearly) Name:

Name:

Billing number:

Telephone:

Date & time of the appointment:

Consultant Name

☐ Dr. Dhiraj Aggarwal	☐ Dr. Marijana Jovanovic	☐ Dr. Wendy Spettigue
☐ Dr. Erinna Brown	☐ Dr. Rishi Kapur	☐ Dr. Michael Destounis
☐ Dr. Addo Boafo	☐ Dr. Esperance Kashala	☐ Dr. Nadia Hassanali
☐ Dr. Hélène Cadotte	☐ Dr. Erin Kelly	☐ Dr. Vhari James
☐ Dr. Michael Cheng	☐ Dr. Olivia MacLeod	☐ Dr. Sunil Mehta
☐ Dr. Barbara Deren	☐ Dr. Marina Moharib	☐ Dr. Bronwyn Thomson
☐ Dr. Sophia Hrycko	☐ Dr. Katherine Matheson	
☐ Dr. Leanna Isserlin	☐ Dr. Tea Rosic	
☐ Dr. Liisa Johnston	☐ Dr. Lara Postl	
☐ Dr. Catherine Abbo	☐ Dr. Philippe Robaey	
☐ Dr. Abishek Bala	☐ Dr. Marjorie Robb	
☐ Dr. Lara De Stefano	☐ Dr. Clare Roscoe	

REGIONAL MEDICAL CLEARANCE &
REPATRIATION FORM

CHEO FAX NUMBER: **613-738-4852**

Patient has a permanent address in Ontario? □ Yes □ No
Known history in mental health? □ Yes □ No

Is patient alert and oriented? □ Yes □ No

Is the patient voluntary? □ Yes □ No

If the patient is certified, are you sending the original Form 1? □ Yes □ No

HEALTH ASSESSMENT

1. Are there any signs of psychosis? □ Yes □ No
2. Any problems with violence or aggression? □ Yes □ No

Blood pressure:
Heart rate:
Wt.:
Temperature:

1. Abnormal physical exam (a physical exam must be done) □ Yes □ No
2. New physical complaint(s) □ Yes □ No
3. History of active or chronic medical illness needing evaluations □ Yes □ No
4. Evidence of intoxication or known history of substance abuse □ Yes □ No
5. Altered level of consciousness or fluctuating mental status □ Yes □ No
6. Suspicion of pregnancy □ Yes □ No

If yes to any of the above questions, indicate which of the investigation are required.
The investigations required must be completed before the assessment. Abnormal results must be discussed with the physician who accepts the assessment.

CBC □
Electrolytes □
Urea □
Creatinine □
ETOH □
Acet □
Urine Toxicology □
ECG □
Diagnostic imaging □
Patient's medical condition is sufficiently stable for assessment Yes □ No □

Treatments done in the ED & Additional Comments:

Ongoing treatments needs:

Physician Name (Print): _____	
Physician Signature: _____	
Date: _____	Time: _____

~Version updated June 2026~