ED Patient with Dementia and Acute Behavioral Change
(Applicable to patients with known or suspected Dementia and an acute presentation of violent, aggressive, or disruptive behavior)

ED Physician Assessment:
Does the patient have delirium and/or a medical condition warranting admission?

No
Does patient’s behaviour require urgent admission? (e.g. severe self-harm/aggression or severe sexual acting out)

No
ED team to start or adjust medications to stabilize behavior as per attached guidelines and:
• ED “Home First” team to assess and follow
• Consider KHSC Psychiatry consult
• Consider referral to Central Intake Coordinator PC

Yes
Long term care, Retirement home, or family refuses to accept patient back?

No

• Return to home or LTC facility
• Referral to Central Intake Coordinator at PC for possible follow-up
• +/- Referral to SE LHIN Home and Community Care

Yes
Disposition resolved within two business days?

No

• Patient is to be admitted to KHSC
• Psychiatry and Internal Medicine Attendings to determine most appropriate admitting service
• Expectation is that the majority of patients will be admitted to Psychiatry
• KHSC Chief of Staff to arbitrate if necessary

Yes

• Admit to Medicine
• +/- CL Psychiatry to follow
If patient admitted >14 days and behaviours are not improving engage Central Intake Coordinator at Providence Care for transfer to PC/BSTU

Yes

• Admit to Psychiatry