



Crisis Stabilization Unit Services

1. CSU Cx Consent Req. (65E-12.106 (5)(C)) Informed consent for release of information;
 - (1) Includes the specific name/program permitted to make the disclosure,
 - (2) Name of the individual/organization to which the disclosure is to be made, the name of the client,
 - (3) purpose of the disclosure,
 - (4) How much and what kind of information to be disclosed,
 - (5) Signature of the client/legal guardian, date on which consent is signed,
 - (6) Statement that the consent is subject to revocation at any time,
 - (7) Date which consent will expire if not revoked before.
2. CSU Cx Consent Req. (65E-12-106.5 & 6) Consent for Release to Include: Date which consent will expire if not revoked before.
3. CSU Cx Consent Req. (65E-12-106.5 & 6) Consent for Release to Include: Statement that the consent is subject to revocation at any time,
4. CSU Cx Consent Req. (65E-12-106.5 & 6) Consent for Release to Include: Signature of the client/legal guardian, date on which consent is signed,
5. CSU Cx Consent Req. (65E-12-106.5 & 6) Consent for Release to Include: How much and what kind of information to be disclosed,
6. CSU Cx Consent Req. (65E-12-106.5 & 6) Consent for Release to Include: Purpose of the disclosure,
7. CSU Cx Consent Req. (65E-12-106.5 & 6) Consent for Release to Include: Client Name and Individual/organization to which the disclosure is to be made,
8. CSU Cx CSU Req (65E-12.107.5.a.5) Therapeutic activities: Including recreational, educational, and social, provided 3-hours-a-day, 7-days-a-week, with participation and nonparticipation in the client's record.
9. CSU Cx CSU Req (65E-12.107) Physical Examination with medical history within 24 hours of admission. The physical examination shall include a complete medical history and documentation of significant medical problems. It must contain specific descriptive terms and not the phrase, "within normal limits."
10. CSU Cx CSU Req (65E-12.107.2.d; HB 7021) Emotional and Behavioral Assessment completed by a Mental Health Professional (or other unit staff under the supervision of a MHP) within 72 hours of arrival at the receiving facility and entered into the clinical record.
11. CSU Cx CSU Req (65E-12.107.4) A service implementation plan shall be initiated by the service plan manager with documented input from the person receiving services and signed by the person receiving services, the responsible physician, psychiatrist, or a staff member privileged by policies and procedures within 24 hours of the individual's admission. The plan shall be fully developed within 5 days of admission and must contain short-term treatment objectives stated in behavioral terms relative to the long-term view and goals in the comprehensive service plan, if there is one, an aftercare plan, and a description of the type and frequency of services to be provided in relation to treatment objectives.



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12. CSU Cx CSU Req (65E-12.107.5.d.1; HB7021) Continuity of Care: Prior to discharge, staff, with the client consent and in the presence of the client, shall meet face-to-face, or by other electronic means, with family, friends, employers, legal guardians, legal representative, natural supports and/or case manager, etc., to assure all efforts are made to prepare client for returning to a less restrictive setting and to review the discharge plans.
13. CSU Cx CSU Req. (65E-12.106 (5)(C) (1-18)) A record of medical treatment and administration of medication, if administered;
14. CSU Cx CSU Req. Plan Reviews: The signed and dated service plan reassessments and reviews;
15. CSU Cx CSU Req. (65E-12.107.2.d) Emotional and behavioral assessment shall include: Social; Current living situation; Employment history;
16. CSU Cx CSU Req. (65E-12.107.2.d; HB 7021) Emotional and behavioral assessment shall include: A psychiatric evaluation with mental status exam, by physician, psychiatrist, clinical psychologist, clinical social worker, or psychiatric nurse.
17. CSU Cx CSU Req. (65E-12.107.2.d.2) Emotional and behavioral assessment shall include: Need for family / S.O. participation; Family circumstances; Childhood history;
18. CSU Cx CSU Req. (65E-12.107.2.d.1) Emotional and behavioral assessment shall include: History of emotional, behavioral, and substance abuse problems and treatment.
19. CSU Cx CSU Req. (65E-12.108.2.) Nursing assessment, begun at time of admission and completed within 24 hours, by a registered nurse as part of the assessment process.
20. CSU Cx CSU Req. (65E-12.107.2.d) Emotional and behavioral assessment shall include: Ethnic, Cultural factors
21. CSU Cx Discharge (65E-12.107.5.d.1; HB7021) At discharge, a personalized crisis prevention plan must be completed in the health record and a copy provided to the client demonstrating client input and identifies stressors, early warning signs of symptoms, and strategies to manage a crisis.
22. CSU Cx Invol. Exam. (394.463 F.S.; HB 7021) The examination period must be for up to 72 hours and that clock begins when the individual arrives at a receiving facility. For a minor, the examination shall be initiated within 12 hours after the patient's arrival at the facility. Within the examination period or, if the examination period ends on a weekend or holiday, the individual shall not be released outside of the facility's normal business hours. A patient shall be examined by a physician or a clinical psychologist, or by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist at a facility without unnecessary delay to determine if the criteria for involuntary services are met.
23. CSU Cx Minors (65E-12.106.22) Minor under 18 y/o shall have specifically defined services & supervision in CSU. SRT should not admit minors.
24. CSU Cx Minors (65E-12.106.22) Minors under 14 y/o shall not be admitted in a room or ward with an adult. Common areas with an adult is ok only when under direct visual observation.



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25. CSU Cx Minors (65E-12.106.22) Minors who are 14 y/o and older may be admitted to a bed in a room or ward in the mental health unit with an adult, if the clinical record contains documentation by a physician that such placement is medically indicated or for reasons of safety & shall be reviewed and documented daily.

26. CSU Cx Patient Rights (HB 7021) If a patient's right to communicate was restricted, did a qualified professional record the restriction and the underlying reasons in the patient's clinical file within 24 hours, and immediately serve the document of record to the patient, patient's attorney, and the patient's guardian, guardian advocate, or representative?

27. CSU Cx Psychiatric Eval (65E-12.107 (2) (d) (1-3); HB 7021) A direct psychiatric evaluation completed by a physician, psychiatrist, clinical psychologist, clinical social worker, or psychiatric nurse to include a mental status examination which includes behavioral descriptions, including symptoms, not summary conclusions, and concise evaluation of cognitive functioning. A diagnosis, made by the physician, psychiatrist, clinical psychologist, clinical social worker, or psychiatric nurse shall be recorded in the individual's clinical record.

28. CSU Cx Requirements (65E-12-106.5 & 6) Each File Shall Contain:
Medical history and physical examination;

29. CSU Cx Requirements (65E-12-106.5 & 6) Each File Shall Contain:
Consent to treatment or an emergency treatment order;

30. CSU Cx Requirements (65E-12-106.5 & 6) Each File Shall Contain:
Orientation documentation;

31. CSU Cx Requirements (65E-12-106.5 & 6) Each File Shall Contain: Referral information;

32. CSU Cx Requirements (65E-12-106.5.c.18) Each file Shall Contain: Individualized discharge plan.

33. CSU Cx Requirements (65E-12-106.5 & 6) Each File Shall Contain:
Physician medication and treatment orders; A record of medical treatment and administration of medication, if administered

34. CSU Cx Requirements (65E-12-106.5 & 6) Each File Shall Contain:
Individual's name and address; Name, address, and telephone number of guardian, or representatives

35. CSU Cx SANDR (CFOP 155-21) Personal Safety Plans: Specific intervention techniques from the Personal Safety Plan that are offered or used prior to a restraint event shall be documented in the resident's medical record after each use of restraint.

36. CSU Cx SANDR (CFOP 155-21) Verbal De-escalation: The provider's procedure requires that less restrictive verbal de-escalation interventions/calming strategies shall be employed before physical interventions, unless physical injury is imminent. The provider clinical staff documents this.

37. CSU Cx SANDR (CFOP 155-21) Containment: When containment or prone containment is initiated, Nursing staff must be called immediately, and an order shall be obtained either during or immediately after the restraint event, and the duration must be limited to the time the individual poses an imminent



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risk of serious harm. Nursing staff must assess the resident as soon as possible, including checking the resident's circulation and vital signs. The resident must be seen and assessed (including respiration and other vital signs) by a nurse within 15 minutes of the restraint and at least every hour thereafter while the resident is in restraints.

38. CSU Cx SANDR (CFOP 155-21) Initiating Restraint Use: The implementation of restraint shall only be pursuant to an order by an authorizing clinician, i.e., physician or other licensed practitioner (Advanced Practice Registered Nurse [APRN] or Physician's Assistant [PA]), if permitted by the facility to order restraint and stated within their protocol. Restraint may be initiated prior to a written order only in an emergency. The resident's assigned psychiatric practitioner must be consulted as soon as possible, if the practitioner did not order the restraint.

39. CSU Cx SANDR (CFOP 155-21) Initiating Restraint Use: An examination of the resident will be conducted within one hour by the physician or may be delegated to an Advanced Practice Registered Nurse (APRN) or Physician's Assistant (PA) if authorized by the facility and stated within their protocol. A Registered Nurse (RN) may conduct the examination within one hour if authorized by the facility and trained according to paragraph 7 of this operating procedure. If the face-to-face evaluation is conducted by a trained Registered Nurse, the attending physician who is responsible for the care of the resident must be consulted as soon as possible after the evaluation is completed.

40. CSU Cx SANDR (CFOP 155-21) "Initiating Restraint Use Examination Shall Include:

- (a) A face-to-face assessment of the resident's mental status and physical condition;
- (b) A review of the clinical record for any pre-existing medical diagnosis and/or physical condition which may contraindicate the use of restraint;
- (c) A review of the resident's medication orders, including an assessment of the need to modify such orders during the period of restraint;
- (d) An assessment of the need or lack of need to elevate the resident's head and torso during restraint;
- (e) A determination of whether to continue or terminate the restraint; and,
- (f) A determination that the risks associated with the use of restraint are significantly less than not using restraint.

Documentation of the examination, including the time and date completed, shall be included in the resident's medical record."

41. CSU Cx SANDR (CFOP 155-21) "Initiating Restraint Use Written Orders Shall Include:

- (a) Be written on the Order Sheet and included in the resident's medical record;
- (b) Specify the facts and behaviors justifying the intervention and identify the time of initiation and expiration of the authorization;
- (c) Specify the type of restraint ordered;
- (d) Specify the positioning of the resident for respiratory and other medical safety considerations; residents will never be restrained in a prone position;
- (e) Specify the physical proximity of the staff member assigned to observe the resident. (i.e., within arms-length, outside the room, etc.);
- (f) Include any special care or monitoring instructions, including medical risk considerations for age and fragility issues; and,
- (g) Include the criteria for release."



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42. CSU Cx SANDR (CFOP 155-21) Initiating Restraint Use Written Orders Signatures: All clinicians' orders shall be signed either on paper or electronically. The last page of a paper order shall have a clearly printed or stamped signature line with the authorizing clinician's name, license type (MD, APRN, PA, Ph.D., Psy.D., or Ed.D.), and the date and time of the order. The order, if the first, shall be stamped on the first page as "Original Order." Facilities shall maintain signature logs with the names, titles, and sample signatures of clinicians. Facilities with electronic records shall comply with this requirement in the electronic system. At no time shall staff use a signature stamp.

43. CSU Cx SANDR (CFOP 155-21) "Restraint Use Expiration: A written order for restraint of residents age 18 and over is limited to four hours. If the resident does not meet criteria for release before the order expires, the order can be extended for up to an additional four hours after consultation and review by an APRN or physician, as defined in s. 394.455.21, Florida Statutes, in person or by telephone with an RN who has physically observed and evaluated the resident. This original order may only be extended for a total of 24 hours. After 24 hours, a new original order for restraint must be written in accordance with paragraphs 8c(1)-(7) above. All orders for restraint must be signed within 24 hours of the initiation of restraint. The time limit for restraint orders for residents age 9 through 17 is 2 hours. "

44. CSU Cx SANDR (CFOP 155-21) Monitoring Residents in Restraint: Restrained residents will be on Continuous Visual Observation. Documentation of the resident's condition will occur at least every 15 minutes by trained staff for behavior, potential injury, circulation, and respiration. Staff shall document their observations, their name, date and time of the observation on a seclusion/restraint form developed by the facility. At least one time per hour, the observation must be conducted by a nurse.

45. CSU Cx SANDR (CFOP 155-21) "Restraint Documentation: For each use of restraint, the following information shall be documented in the resident's medical record:

- (a) The emergency situation resulting in the restraint event;
- (b) Alternatives or other less restrictive interventions attempted, as applicable, or the clinical determination that less restrictive techniques could not be safely applied;
- (c) The name and title of the staff member initiating restraint;
- (d) The date/time of initiation and release;
- (e) The resident's response to restraint, including the rationale for continued use of the intervention; and,
- (f) That the resident was informed of the behavior that resulted in restraint, and the criteria necessary for release from restraints."

46. CSU Cx SANDR (CFOP 155-21) Resident Release from Restraint: Documentation shall also include the name and title of the staff releasing the resident; and the date and time of release. Upon release from restraint, a nurse shall observe, evaluate and document the resident's physical and psychological condition. After a restraint event, a debriefing process shall take place to decrease the likelihood of a future seclusion or restraint event for the resident and to provide support. A summary of the incident review should be documented in the resident's medical record.

47. CSU Cx SANDR (CFOP 155-21) Recovery Team Review of Incident : Within 2 working days after any restraint event, the recovery team shall meet and review the circumstances preceding its initiation and review the resident's recovery plan and personal safety plan to determine whether any changes are needed in order to prevent the further use of restraint. The recovery team shall also assess the impact the event had on the resident and provide any counseling, services, or treatment that may be necessary as a result. The recovery team shall analyze the resident's clinical record for trends or patterns relating to conditions, events, or the presence of other residents immediately before or upon the onset of the



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behavior warranting restraint, and upon the resident's release from restraint. The recovery team shall review the effectiveness of the emergency intervention and develop more appropriate therapeutic interventions. Documentation of this review shall be placed in the resident's clinical record.

48. CSU Cx SANDR (CFOP 155-21) Personal Safety Plans: Personal Safety Plan forms are offered for residents for them to complete, with assistance from staff if necessary, listing calming strategies and triggers.

49. CSU Cx SANDR (CFOP 155-21) Personal Safety Plans: This form shall be reviewed at least every 12 months to determine if changes are necessary. It shall also be reviewed by the recovery team, and updated if necessary, within 2 working days of release from restraint.