

## PIRC PHONE INTAKE GUIDE

CCHMC Psychiatric Intake Response Center



Below is information PIRC may ask when you are calling regarding a psychiatric concern:

- Please have as much information as possible, you **do not** have to have all of the information available. PIRC is able to speak to you about any youth in a psychiatric emergency.
- It is preferred that a guardian be notified prior to the call to PIRC but it is not required. We may need the guardian involved to schedule at the Bridge Clinic, and the guardian will be expected to participate in the first portion of the Bridge appointment.
- If clinically appropriate, it is best if the patient can be available to speak to PIRC on the phone.

Caller Information	Name and phone number of caller providing intake with PIRC
Demographics	School name and points of contact at school (if appropriate)
	Youth's current location
	Guardian name and contact information
	Is the guardian aware of the psychiatric concern?
Medical Concerns:	We may recommend an ED visit for certain medical concerns, but we still want to have the information about the youth's physical and psychiatric concerns, so please call PIRC: Ingestion
	Ingestion: Must be seen by a medical provider or an emergency room if this is within the last week
	Strangulation
	Cuts that need medical assessment and/or attention
	Eating disorder concerns that may need medical assessment
Does the Youth Receive Mental Health Services?	Provider name & contact information
	Agency Affiliation
Current & History of Aggression	Does the youth damage objects?
	<ul> <li>Level of destruction?</li> </ul>
	Does the youth cause harm to others?
	<ul> <li>Mild, Moderate, or Severe injuries</li> </ul>
Homicidal Thoughts	CCHMC does <b>NOT</b> complete threat assessments as described in Ohio Hose Bill 123, SAVE Students Act. PIRC evaluates <b>IMMINENT</b> <b>RISK</b> to self or others. CCHMC is unable to assess, evaluate, and/or predict long-term or ongoing risk of aggression/violence.
	Current or past thoughts of harming others?
	<ul> <li>Assess thoughts, methods, plans, and intent to act.</li> </ul>
	Is there a specific person or place?
	Does the youth have access to weapons or means?
Columbia Suicide Severity Rating	Current or Past thoughts of Suicide
Scale (CR)	<ul> <li>Assess thoughts, methods, plans, and intent to act on suicidal ideation.</li> </ul>
Other	Psychosis
	Safety planning that has been done in the past or today
	<ul> <li>Protective factors (willingness to tell an adult, future-oriented, etc.)</li> </ul>
	<ul> <li>Barriers to safety (unwillingness to safety plan, difficulty safety planning with caregivers, lack of outpatient resource, etc.)</li> </ul>

<u>Referral possibilities:</u> PHP, Bridge Diversion, outpatient options, mental health urgent care, MRSS, ED visit recommendation (including what to expect when you come to ED). We cannot schedule Bridge without a guardian on the phone but can hold an appointment time until they call. \*\*\* Please share any additional information that you feel is pertinent to the youth's care