

Pediatric ED length of stay reduced with observation unit for mental health

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Children with mental health emergencies presenting to the pediatric emergency department (PED) who receive psychiatric comanagement in a pediatric observation unit (POU) have significantly reduced PED length of stay (LOS) and inpatient psychiatric (IP) admission, according to a research letter published online May 5 in *JAMA Pediatrics* to

coincide with the annual meeting of the Pediatric Academic Societies, held from May 2 to 6 in Toronto.

Rachel G. Kasdin, from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues examined outcomes of children admitted for mental health emergencies who received psychiatric comanagement in a POU using data from two PEDs between Jan. 1 and Dec. 31, 2022. One site had a separate POU with dedicated staff following a psychiatric comanagement model, while the comparison site only had [social work](#) available. Admission decisions could be reversed by the POU comanagement team or the PED clinician at the PED-only site.

Overall, 88 and 82 patients from the PED and POU sites and the PED-only site, respectively, were included. The researchers found that the PED LOS was 3.5 and 10.1 hours in the PED and POU site and the PED-only site, respectively. No difference was seen between the sites in the IP LOS or total treatment time. Forty-eight percent of the PED and POU patients had their admission decision reversed and were discharged, compared with no reversals in the PED-only group. Patients from PED and POU were less likely to complete admission to IP (unadjusted odds ratio, 1.9).

"Psychiatric comanagement in a POU may decrease the burden of care in the PED and reduce demand for inpatient resources for children with psychiatric emergencies," the authors write.

More information: Rachel G. Kasdin et al, Outcomes of Children Admitted to a Pediatric Observation Unit With a Psychiatric Comanagement Model, *JAMA Pediatrics* (2024). [DOI: 10.1001/jamapediatrics.2024.1123](https://doi.org/10.1001/jamapediatrics.2024.1123)

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