



McFarland Mental Health Center
901 Southwind Drive • Springfield, IL 62703

Contraindications for Civil Admissions to a Department of Human Service, Division of Mental Health Hospital

The below list includes relative contraindications for admission to a Division of Mental Health (DMH) Hospital. Exceptions may be made based on specific clinical circumstances. Final decisions for admission are made by the DMH Hospital's Medical Director or designee after close case review and consultation with the referring physician.

POPULATIONS WITH SPECIAL NURSING NEEDS:

1. Patient is not able to perform activities of daily living (feeding, grooming, and using the restroom). Examples include:
 - A. Requiring skilled nursing care.
 - B. Use of a rolling walker or cane to ambulate is a relative contraindication. Use a wheelchair is not a contraindication.
 - C. Requiring use of special equipment (lifts/chairs etc.) during showering or at other times. (Certain facilities may have this equipment available).

2. Patient requires any IVs, catheters or tubes. Examples include:
 - A. Foley catheterization. Self-catheterization is generally not a contraindication.
 - B. Feeding tubes or N/G tubes.
 - C. Central Lines.
 - D. Insulin pump or pain pumps.
 - E. Peripheral lines/ports or requiring IV injections.

3. Patients requiring specialized post-surgical or post-procedural care and follow up. Examples include:
 - A. Medically significant bleeding.
 - B. Open and/or draining wounds that require dressing changes (example: wet-dry dressings).
 - C. Communicable diseases requiring airborne precautions including airborne infection isolation rooms (AIIR) (e.g. tuberculosis, measles, chickenpox, disseminated herpes zoster).



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4. Patients with active MRSA or VRE infections.

POPULATIONS WITH SPECIAL MEDICAL NEEDS:

1. Patients requiring dialysis.
2. Patients requiring oxygen is a relative contraindication. Certain facilities may be to provide oxygen concentrators for daily use.
3. Patients requiring frequent EKG monitoring/telemetry.
4. Patients with sleep apnea requiring use of CPAP/BiPAP. (Certain facilities may be able to accommodate use of CPAP/BiPAP).
5. Patients who are pregnant and in their third trimester or whose pregnancy is considered high risk.
6. Patient with a primary diagnosis of dementia and whose mental illness is a secondary to that condition.
7. Patients with Severe or Profound Intellectual Disabilities (Mild or Moderate Intellectual Disability is not a contraindication).
8. Patient on medications not on DHS formulary is a relative contraindication. Note: Hospitals may be able to provide a therapeutic substitute for a specific medication. Patients may also be able to provide medications prescribed by their outpatient provider for use in the hospital upon order of a DMH physician.
9. Patients on experimental medications or enrolled in a research program/protocol.
10. Patients on medical marijuana.
11. Patients requiring frequent PT/OT or other specialized rehabilitative services.

POPULATIONS AT "HIGH RISK" OR CO-MORBID CONDITIONS:

1. Patients suffering recent major physical trauma with significant complications.
2. Patient with acute onset of neurological problems including new onset seizures or an unstable/uncontrolled seizure disorder.
3. Patients with newly diagnosed cancer that requires acute evaluation or treatment or an established cancer with recurrence that requires oncology services assessment and treatment. Patients with cancer that is "stable" or in remission may be admitted.



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4. Patients with a medical condition potentially requiring immediate or emergency surgery.
5. Patients with acute drug or alcohol intoxication.
6. Patients at risk of medically significant complications due to drug or alcohol withdrawal (e.g. seizures, DTs) or who require IV fluid or medications. Patients with PCP intoxication will require 48 hours of observation without use of FLRs or PRNs prior to acceptance.
7. Patients with delirium or altered level of consciousness.
8. Patients with new onset of psychosis or altered mental status, where workup has not been done.
9. Patients with toxic levels of medication or who are at risk to become toxic (e.g. acetaminophen).
10. Patient with methadone dependency requiring detoxification, unless in an accredited methadone program. Patients established at a methadone clinic may be admitted and will receive prescribed methadone treatment without further detoxification or reduction.
11. Patient with acute or chronic conditions that are poorly controlled and require extensive medical monitoring (e.g. telemetry, continuous pulse ox) or treatment (e.g. IV fluids, oxygen):
 - A. Uncontrolled Diabetes Mellitus.
 - B. Uncontrolled Hypertension.
 - C. Uncontrolled COPD or Asthma.
 - D. Uncontrolled CHF
 - E. Pain management with IV medication.

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