**Clinical Practice Guidelines: Bipolar Disorder - Adult**

**Bipolar Disorder: Outpatient Care**

Eligibility Criteria

1. Based on Intake and/or MCO screening admission to Outpatient Level of Care is indicated due to **ALL** of the following:
2. Person Served risk or severity of behavioral health disorder is appropriate to proposed level of care and person served has active symptoms that require ongoing treatment as indicated by the following:
   1. Mild [psychiatric, behavioral, or other comorbid conditions for adult](https://careweb.careguidelines.com/ed24/bhg/15436402.htm)[[C](https://careweb.careguidelines.com/ed24/bhg/15436402.htm)]
   2. [Mild dysfunction in daily living for adult](https://careweb.careguidelines.com/ed24/bhg/15436402.htm)
3. Treatment services available in an outpatient level of care are necessary to meet person served needs, and **1 or more** of the followingis present:
   1. Person Served specific condition related to admission diagnosis is present and judged likely to further improve at the outpatient level of care.
   2. Recommended treatment is necessary and appropriate, given patient condition or history.
   3. Person Served is willing to participate in treatment voluntarily.
   4. Person Served has sufficient ability to respond as planned to individual and group therapeutic interventions.
   5. [Biopsychosocial stressors](https://careweb.careguidelines.com/ed24/bhg/15436402.htm) have been assessed and are absent or manageable at proposed level of care (eg, any identified deficits can be managed by program directly or through alternative arrangements).

**Evaluation**

1. Exploration of acute precipitants
2. Psychiatric, social, medical, and substance use histories
3. Mental status examination
4. Social Determinants of Health Assessment
5. Symptoms and functioning assessed regularly through assessments such as the PHQ-9, Life Events Checklist, and the Columbia-Suicide Severity Rating Scale (C-SSRS).
6. Level of care assessed through the Level of Care Utilization System (LOCUS).

**Medication**

1. Appropriate medication(s) for manic, hypomanic, mixed, or depressive episode
2. Monitoring of Adverse effects of medications, including:
   1. Lithium toxicity (tremor, nausea, diarrhea, confusion)
   2. Acute and long-term extrapyramidal side effects of antipsychotic medication/s
   3. Metabolic abnormalities associated with antipsychotic medication/s
   4. Potentially fatal rash with lamotrigine
   5. Blood dyscrasias with clozapine or carbamazepine
   6. Hepatic enzyme induction by carbamazepine, which lowers plasma levels of antipsychotics and other medications
   7. Encephalopathy due to elevated ammonia level with valproate

**Interventions and Therapy**

1. Possible regular safety checks between visits
2. Establish and review crisis plan with Person Served and supports
3. Clinical management and psychoeducation
4. Psychotherapy (eg, cognitive behavioral therapy, interpersonal psychotherapy, or family intervention for bipolar depressive episode)
5. Substance Use Disorder assessment and specialized treatment, as appropriate
6. Case management as needed and appropriate
7. Possible referral, as clinically appropriate for other treatments (eg, Electroconvulsive Therapy ECT)
8. Self-help group or support group referral
9. Continued monitoring of Person Served status for suicidality, deterioration and comorbid conditions.

**Discharge Criteria**

Outpatient care is generally necessary to continue until **1 or more** of the following:

1. Adequate person served stabilization or improvement as indicated by **ALL** of the following:

* + - No recent thoughts of suicide or serious harm to self
    - No recent thoughts of homicide or serious harm to another
    - Patient and supports, as appropriate, understand follow-up treatment and crisis plan.

2. Functional improvement sufficient as indicated by **1 or more** of the following:

* + - Minimal or no current impairment in self-care or role functioning attributable to psychiatric disorder
    - Functioning optimized as indicated by all of the following:
      * Functioning stable with current treatment and support
      * No current plan for significant change in treatment or re-evaluation

3. Symptom relief sufficient as indicated by **ALL** of the following:

* + - Treatment goals met
    - Symptom status acceptable as indicated by ALL of the following:
      * Symptoms stabilized
      * No current plan for significant change in treatment or re-evaluation

4. Medical needs absent or manageable at available lower level of care as indicated by **ALL** of the following:

* + - Adverse medication effects absent or manageable
    - Medical comorbidity absent or manageable
    - Medical complications absent or manageable (eg, complications of eating disorder)
    - Substance-related disorder absent or manageable

5. Outpatient care is no longer indicated due to **1 or more** of the following:

* Higher level of care is indicated, due to deterioration, need for higher level of clinical supervision to meet treatment needs or greater service intensity is needed to reinforce skills
* Person served or guardian declines to continue treatment