



Hallucinations

Clinical Pathway Synopsis

Objective of Clinical Pathway

This clinical pathway provides care standards for the patient with concern for auditory or visual hallucinations. This pathway aims to guide the differentiation of hallucinations due to psychiatric versus non-psychiatric diagnoses, and provide a framework for initial management, appropriate consultation, and follow-up care to ensure patients are treated promptly and prevent loss to follow-up.

Background

Up to 10% of children experience hallucinations (Dominguez & Garralda, 2018). While hallucinations may be indicative of psychiatric disorders, such as schizophrenia, bipolar disorder, delusional disorder, or depression, they may also occur in patients with non-psychiatric diagnoses such as neurologic, genetic, metabolic, infectious, or autoimmune disorders; therefore, a thorough patient history and examination are crucial to determine the cause of the hallucinations to ensure appropriate consultation and treatment (Sikich, 2013). Appropriate follow-up care for patients with hallucinations caused by psychiatric disorders is also critical, as there is a correlation with suicidal and unsafe behavior and hallucinations (Maijer et al., 2019). This clinical pathway provides a framework for the diagnosis, evaluation, and consultation for patients with hallucinations to ensure appropriate treatment and monitoring.

Target Users

- Physicians (Emergency Department, Urgent Care, Ambulatory Clinics, Hospital Medicine, Psychiatry, Fellows, Resident Physicians)
- Nurse Practitioners
- Physician Assistants
- Social Work

Target Population

Inclusion Criteria

- Patients with a concern for auditory or visual hallucinations (acute or historical)

Exclusion Criteria

- Febrile patients

Practice Recommendations

In lieu of a clinical practice guideline that fully addresses the management of hallucinations in pediatric and adolescent patients, guidance from pediatric literature was used in conjunction with the expert consensus of the Hallucinations Clinical Pathway Committee to inform the assessment, acute management, and referral guidance in this pathway.

Measures

- Access of the clinical pathway (website hits)

Value Implications

The following improvements may increase value by reducing healthcare costs and non-monetary costs (e.g., missed school/work, loss of wages, stress) for patients and families, and reducing costs and resource utilization for healthcare facilities.

- Decreased risk of mis- or underdiagnosis resulting in inappropriate treatment
- Decreased risk of missed opportunities for follow-up care
- Appropriate escalation to a higher level of care, when indicated
- Decreased unwarranted variation in care

Organizational Barriers and Facilitators

Potential Barriers

- Variability of the acceptable level of risk among providers

These clinical pathways do not establish a standard of care to be followed in every case. It is recognized that each case is different, and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare a clinical pathway for each. Accordingly, these clinical pathways should guide care with the understanding that departures from them may be required at times.



- Variability in experience among clinicians
- Need for effective communication and coordination among clinicians and specialties
- Challenges with access to healthcare and health literacy faced by some families
- Challenges with access to mental health care

Potential Facilitators

- Collaborative engagement across the continuum of clinical care settings and healthcare disciplines during clinical pathway development
- Anticipated high rate of use of the clinical pathway

Bias Awareness

Our goal is to recognize the social determinants of health and minimize healthcare disparities, while acknowledging that our unconscious biases can contribute to these disparities.

Order Sets

- There are no order sets associated with this clinical pathway

Clinical Pathway Preparation

This pathway was developed by the EBP Department in collaboration with the Hallucinations Clinical Pathway Committee, composed of content experts at Children's Mercy. If a conflict of interest is identified, the conflict will be disclosed next to the committee member's name.

Hallucinations Clinical Pathway Committee Members and Representation

- Leslee Belzer, PhD | Developmental and Behavioral Health | Committee Co-Chair
- Brian Burghardt, MD | General Academic Pediatrics | Committee Co-Chair
- Bridget Clark, DO | Developmental and Behavioral Health | Committee Member
- John Graham, MD | Emergency Department | Committee Member
- Danielle Leivian, MD | Urgent Care | Committee Member
- Patience Ozor, DO | Adolescent and Young Adult Medicine | Committee Member
- Jaclyn Peraino, DO | Neurology | Committee Member
- Shelby Quinlan, PharmD | Pharmacy | Committee Member
- Shelly Ruder, MSW | Social Work | Committee Member

EBP Committee Members

- Kathleen Berg, MD, FAAP | Evidence Based Practice
- Megan Gripka, MPH, MLS (ASCP) SM | Evidence Based Practice

Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Developmental and Behavioral Health, Emergency Department, General Academic Pediatrics, Urgent Care, Social Work, Adolescent and Young Adult Medicine, Pharmacy, Evidence Based Practice

Conflict of Interest

The contributors to the Hallucinations Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

Approval Process

- This pathway was reviewed and approved by the EBP Department and the Hallucinations Clinical Pathway Committee after committee members garnered feedback from their respective divisions/departments. It was then approved by the Medical Executive Committee.

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Review Requested

Department/Unit	Date Requested
Adolescent and Young Adult Medicine	November 2025
Developmental and Behavioral Health	November 2025
Emergency Medicine	November 2025
General Academic Pediatrics	November 2025
Neurology	November 2025
Pharmacy	November 2025
Social Work	November 2025
Urgent Care	November 2025
Evidence Based Practice	November 2025

Version History

Date	Comments
December 2025	Version one – Development of algorithm and associated references for psychiatric and non-psychiatric diagnoses

Date for Next Review

- 2028

Implementation & Follow-Up

- Once approved, the pathway was implemented and presented to appropriate care teams:
 - Announcements made to relevant departments
 - Additional institution-wide announcements were made via the hospital website and relevant huddles
 - Community clinics affiliated with CM received announcements via "Progress Notes"
- Pathways are reviewed every 3 years (or sooner) and updated as necessary within the EBP Department at Children's Mercy. Pathway committees are involved with every review and update.

Disclaimer

When evidence is lacking or inconclusive, options in care are provided in the supporting documents and the order set(s) that accompany the clinical pathway.

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References

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- Sikich, L. (2013). Diagnosis and evaluation of hallucinations and other psychotic symptoms in children and adolescents. *Child and Adolescent Psychiatric Clinics of North America*, 22(4), 655–673. <https://doi.org/10.1016/j.chc.2013.06.005>

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