

Assessment	
Date:	Time seen:
Doctor:	Attendances in last 3 months:
History	
Overdose	
Time of ingestion:	Substances ingested:
Time of self injury:	Mode of self injury:
Time of self injury:	Site of self injury:
Alcohol taken at time? <input type="checkbox"/> Yes <input type="checkbox"/> No Vomited since ingestion? <input type="checkbox"/> Yes <input type="checkbox"/> No Other self harm? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____ Previous self harm / overdose? _____ Reason for self harm / triggering event: _____ Who called for help? _____	
When determining degree of intent, consider: (Pierce scale)	
Isolation	Final acts in anticipation
Predictable outcome	Timing
Reaction to act	Lethality - patients beliefs
Stated intent	Acting to gain help
Social circumstances Previous self harm / Alcohol / Drug problems / Known mental health issues Ask Home Treatment Team to check Electronic Health Records Social situation / Employment / Dependent children / adults	
Past psychiatric history Past medical history Drug history Family history Drug history	

Mental state examination	
Appearance:	Behaviour:
Speech:	Mood:
Thought:	Perception:
Cognition:	Insight:
Physical examination	
SaO2:	K:
Pulse:	Creat:
GCS:	Paracetamol:
BP:	Hb:
ECG:	WCC:
	INR:
	Plat:
	Na:
	Urea:
	GFR:
	Salicylate:
	MCV:
Injuries / relevant other systems:	
Risk assessment	
Risk to self:	
Protective factors:	
Risk to others:	
Protective factors:	
Risk to others:	
Protective factors:	
Risk of neglect:	
Protective factors:	
Risk to children:	
Protective factors:	
Following above risk assessment is there any requirement for referral to Child or Adult Safeguarding Services via the correct Multi Agency Referral Unit documentation: Yes <input type="checkbox"/> No <input type="checkbox"/>	



Place patient sticker **within** this box



Place patient sticker **within** this box





Place patient sticker **within** this box



Next of kin

Name: Relationship: Contact number:
Address:

Mental capacity

An assessment of capacity must be made in relation to the particular decision that needs to be made at the time the decision is required. Is the patient able to:

- Understand the information relevant to the decision;
- Retain the information;
- Use or weigh the information;
- Communicate the decision (by any means)

Where an individual fails one or more parts of this test, then they do not have the relevant capacity and the entire test is failed.

This patient should remain in the department under Mental Capacity Act (2005)? Yes No

If 'Yes' please specify why (eg. Organic / acute mental illness / intoxication / emotional crisis / drug toxicity AND necessity to treat):

Impression:

Plan

- _____
- _____
- _____
- _____
- _____

Medically fit for discharge following psychiatric assessment? Yes No

File within 3rd spine

Place patient sticker **within** this box



Royal Cornwall Hospitals
NHS Trust



**Emergency Department
- Mental Health Triage & Assessment Form**



Please use form for all patients presenting with self harm or mental health difficulties. **PLEASE ASSESS, RECORD AND ACT ON THE TRIAGE CODE BY CONSIDERING THE QUESTIONS BELOW**

Please establish from the patient:

Does the patient have anything with them that they could harm themselves or others with?	Yes	No
Has the patient told you that they have self harmed or overdosed?	Yes	No
Has the patient indicated that they are fearful of harming themselves or others?	Yes	No

When selecting the appropriate triage code for this patient, please consider the following:

Is the patient agitated or restless?	Yes	No
Is the patient confrontational or threatening?	Yes	No
Is the patient prepared to wait to be seen?	Yes	No
Does the patient appear tearful or upset?	Yes	No
Does the patient seem sad or hopeless?	Yes	No
Is the patient appearing confused or disorientated?	Yes	No
Does the patient make you feel uneasy?	Yes	No
Are you concerned that the patient is unable to understand information about their treatment?	Yes	No
Is the patient intoxicated with alcohol or drugs?	Yes	No

TRIAGE CODE S0 Presentation: No acute distress or agitation No behavioural disturbance Emotional problems Chronic symptoms Social crisis Cooperative, compliant Clinically well Management: <i>Intermittent observation</i> <i>Consider re-triage if presentation changes</i> <i>Discuss with Psych Liaison</i>	TRIAGE CODE S1 Presentation: No aggression or agitation. Cooperative but evidence of distress. Can give clear history. History of mental health disorder. Management: <i>Intermittent observation</i> <i>Consider re-triage if presentation changes</i> <i>Discuss with Psych Liaison</i>	TRIAGE CODE S2 Presentation: Moderate behaviour disturbance/severe distress. Agitated /restless. Suicidal intent. Psychotic symptoms or mood disturbance. Unlikely to wait for treatment. Deliberate self harm. Management: <i>Advise not to leave in waiting room.</i> <i>Environmental factors</i> <i>Inform security</i> <i>Continual observation.</i> <i>Alert Psych Liaison at triage.</i>	TRIAGE CODE S4 Presentation: Violent behaviour. Making immediate threats to harm self or others. Extreme agitation or restlessness. Bizarre/disorientated behaviour. High absconding risk. Management: <i>As S2 -</i> <i>Consider risk to patient & others.</i> <i>Immediate medical review.</i> <i>Defusing techniques.</i>
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TRIAGE CODE Consider re triage if presentation changes. Intoxication by drugs and alcohol may cause escalation in behaviour.

Clinician (print name): Position:
Signature: Date and time: