## West Dorset General Hospitals [A



**NHS Trust** 

Mental Health **Assessment: A&E** 

Date: Time:	Insert addressograph here
Person completing form:	

- Please note all patients under the age of 16 must be admitted to hospital and patients over the age 65 must have a psychiatric assessment before discharge.
- Ensure that all physical needs are met, and the patient is safe prior to completing this pathway

. Ensure that an physical needs are med, and the patients said				
Does the client have capacity to consent? (Follow Nice G Yes No	uidelines in Self Harm, (July 2004) if not)			
• Is the client willing to stay for assessment/treatment? (Fo	llow Nice Guidelines in Self Harm, (July 2004) if not).			
• Is a presence of mental illness obvious? (Use guidelines by Yes No (	pelow to assess risk and urgency of referral) All guidelines in mental health resource folder).			
Adapted Australian Mental Health Triage Scale Category:  (Follow guidelines of that category, document care given, in the patient's notes)  Ensure that in the case of overdose the amount ingested and drugs are recorded on the accident and emergency documentation, and Toxbase ® guidelines are adhered to.  Please print the management advice for the overdose and include in patients notes.				
Past Psychiatric History/ Relevant family history:				
Care co-ordinator if known to CMHT:				
Comment on mental state and non-verbal body language: Appearance (Well kept/Dishevelled)	Mood and affect (Flat/ Neutral/Happy/Sad/Labile)			
Behaviour (Eye contact/Rapport)				
	Perception (Hallucinations/Delusions)			
Speech (Slow/Rapid/Quiet/Loud/Amount)				
	Cognition (Orientation/Concentration/Memory/Cognition/Insight)			
Thoughts (Paranoid/Depressed/grandiose)				
If evidence of severe psychiatric symptoms use guidelines detailed in severe				
Planning, consider  Did the client buy the tablets or save the tablets to overdose?  Did the client write a suicide note?				

Did the client write a suicide note?

Was intervention probable?

Was the client alone?

How did they come to be in A and E? (Did they call ambulance, friend etc)

(Please document your answers, as they will help when deciding if the patient planned the overdose in detail)

Along with the suicide indicator every person must be taken as an individual and your clinical judgement should be used.

(Adapted) Suicide	e Risk Indicator (Worthing I	Priority Care)	<b>N</b> 7		6
			No	Yes	Score
Is the client expressing suicidal ideation? (Thoughts, plans, voicing statements of intent, etc)					12
Did they use a violent method i.e. Drowning, hanging shooting?				12	
Does the client use recreational drugs?				9	
Does the client use alcohol to excess?					9
Has the client made a previous attempt on their life?				9	
Has the client planned how/ s/he would kill him/her self? * (Refer to previous notes)				5	
Does the client believe they have little or no control over their life?				5	
Is the client expressing a high level of distress? (Delusions, hallucinations, not in control of emotions)				5	
Does the client feel that nothing has changed since the last attempt?				4	
Does the client live alone?					2
Is the client divorced/separated/widowed?				2	
Is the client unemployed or retired?				2	
Is the client male?					1
Is the client over 45?				1	
Is the client in poor physical health?					1
0 to 26	27 to 48	More than	nan 49		
LOW	MODERATE	SEVERI	Е		

Please also refer to action given in Adapted Australian Mental Health Triage, and assessment of mood above.

For guidance only, if in any doubt always consult a specialist mental health professional. Low **Moderate** Severe Cat 5 Cat 3, 4 Cat 1, 23 Time? Discharge home, 9am - 5pm 5pm-11pm (Mon-Thurs), 11pm-9am and fax referral to 4pm-11pm (Fri) (Every day) (Mon -Fri) Discharge home, DSH worker 9am-11pm Sat and Sun and (254755)Letter to GP bank holidays If high end of Call **DSH social** Call 361269, moderate refer to Call Crisis worker Staff on services detailed Response, Minterne will 4693/5872 in severe. Bleep 586 bleep the on-Page 07699786759 **5871**, (if no And fax form answer) 361269 psychiatrist Management plan: Please remove anything from the patient that might cause them further harm. Please insert name of ward and speciality: Admit to ward Discharge home, letter to GP For follow up by **DSH worker**, either on ward/ A&E or after patient is discharged PLEASE ENSURE THIS FORM IS FAXED TO 01305 254755 For referral to Crisis response, (patient needs to be assessed prior to discharge, now fit for discharge 'Out of hours') There is no need to refer to DSH worker, as crisis response will do assessment and organise follow up if required. Psychiatric Emergency, Bleep on-call psychiatrist via Minterne, 01305 361269 Signature and designation: