

Emergency Department **Adult Mental Health Triage Form**

Date: **DD/MM/YYYY** Time of assessment: **HH:MM**

This form is designed to help an assessor consider the risk to the patient of self-harm or suicide and risk of harm to staff members. Risk assessment requires clinical judgement which may override this form in some circumstances.

For staff use only:

Hospital number:
Surname:
First names:
Date of birth:
NHS no: _ _ _ / _ _ _ / _ _ _ _

Use hospital identification label

Background, observations and behaviours

Please tick appropriate response

	Yes	No
1. Does the person have any immediate plans to harm self or others or to damage property?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the patient obviously disturbed, threatening, agitated or unpredictable in their behaviour?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there any suggestion that the person may abscond?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the person have history of violence?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the person have a history of mental health problems or self harm?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the person been detained under a mental health section before?	<input type="checkbox"/>	<input type="checkbox"/>

Issues to be explored through questioning

Why is the person presenting now?

Are there any events that precipitated this presentation?

If the patient has attempted suicide by OD or DSH, see page 2

Does the person have any close family/friends/social support?

Physical description – include height, build, distinguishing features, clothing, skin colour, hair colour and style

Are there any child protection issues? Yes No Consider SIF
Is this person in any way vulnerable? Yes No Consider SOVA

Nurse triage

What level of risk do you think this patient has?

High Medium Low

Has this patient been searched for weapons or medicines?

Yes No

Observation level required

Red Amber None

Print name:

Date: **DD/MM/YYYY**

Signature:

Time: **HH:MM**

Designation:

Contact/Bleep number:

The suicide risk screen is for use by doctors or nurses and may be an aid to risk assessment

Suicide risk screen

The greater number of positive responses the higher the risk

	Yes	No	Maybe		Yes	No	Maybe
Previous self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family history of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous use of violent methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unemployed/retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current suicide plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current suicidal thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separated/widowed/divorced/domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopelessness/helplessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lack of social support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low in mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family concerned about risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displaying bizarre or unpredictable behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disengaged from services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/drug misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor adherence to psychiatric treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic pain or illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to lethal means of harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's assessment

After full assessment, what level of risk do you think this patient has?

High Medium Low

What level observations should continue?

Red Amber None

Print name:

Date: DD / MM / YYYY

Signature:

Time: HH : MM

Designation:

Contact/Bleep number:

Summary of levels of risk and suggested actions

Low	No special observations required
Medium	Consider 15 minute amber special observations If patient absconds inform 219, 707, the doctor in charge, security and police
High	Start red continuous special observations, inform 219 of patient's presence in ED If the patient absconds, inform 219, 707, the doctor in charge, security and the police

Actions to be taken according to level of risk identified

Risk level	Risk factors	Actions
Low	<ul style="list-style-type: none"> There may be minor mental health issues but no plans to harm self or others No evidence of immediate vulnerability 	<ul style="list-style-type: none"> Treatment and follow up to be arranged by ED team Consider referral to primary care services eg. GP May benefit from mental health advice and offer individual relevant advice booklets
Medium	<ul style="list-style-type: none"> Person has ideas regarding risky behaviours towards self or others Mental state likely to deteriorate without treatment Patient is potentially vulnerable 	<ul style="list-style-type: none"> Implement immediate Amber Special and complete relevant specialising documentation Inform 219 of the patient's presence in the Department/CDU and ask for assistance with staffing where necessary Urgent referral to liaison psychiatry team or on call psychiatrist (out of hours) All attempts should be made to stop the patient leaving the department before seeing a mental health professional If the patient absconds, inform 219, 707, the doctor in charge, security and the police
High	<ul style="list-style-type: none"> Serious mental health problems present, including possible psychosis Patient has strong/immediate plans to harm self or others May have already attempted to harm self or others Mental health very likely to deteriorate if left untreated Patient is highly vulnerable 	<ul style="list-style-type: none"> Implement immediate Red Special and complete relevant specialising documentation Nurse allocated specialising duties to wear alarm to summon immediate help if patient tries to abscond Inform 219 and 707 of the patient's presence in the department/CDU and ask for assistance with staffing where necessary All attempts should be made to stop the patient leaving the department If the patient absconds, inform 219, 707, the doctor in charge, security and the police Move immediately to stage 2 of the Missing Patients Procedure if the patient absconds