

**EMERGENCY DEPARTMENT SALISBURY NHS FOUNDATION TRUST**

**Mental Health & Deliberate Self Harm Triage and Assessment Tool (Children and Young People)**

ED Arrival Date/ Time: ED Arrival Date/ Time:

Triage Nurse Name/ Grade:

Triage Date/ Time:

Accompanied by:

Contact details checked: YES/ NO

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| **SAFEGUARDING**  **Is the young person in foster care or residential care placement? YES/ NO**  ***(If Yes: Social work team should be informed AND correspondence given to carers present)***  **Is there a child protection concern? YES/ NO Paediatric Liaison form done? YES/ NO**  ***(If YES: Please discuss with ED and Paediatric Consultant. Complete a MASH referral and contact Emergency duty SW)*** |

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| **Triage Observations**  **Date/ time:** | | | | | | | | | | | | |
| **HR:** | **BP:** | **RR:** | **SaO2:** | | **Temp:** | | **GCS** | | | **CEWS:** | | |
| **Physical Description (Clothing/skin colour/ hair/eyes)** | | | | | | | | | | | | |
| **Outine of presentation** | | | | **Details:** | | | | | | | | |
| Overdose | | | |
| Self injury | | | |
| Other mental health presentation | | | |
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| **Initial presentation, appearance and behaviour** | | | | | | | | | | | | |
|  | | | | | | | | | | | **YES** | **NO** |
| Is the young persion aggressive or threatening? | | | | | | | | | | |  |  |
| Is the young person obviously distressed, markedly anxious or highly aroused? | | | | | | | | | | |  |  |
| Is the young person quiet or withdrawn? | | | | | | | | | | |  |  |
| Do you think the young person is behaving inappropriately to their situation? | | | | | | | | | | |  |  |
| Do you think the young person presents an immediate risk to you, others or themselves? | | | | | | | | | | |  |  |
| Do you think the young person is likely to abscond prior to assessment? | | | | | | | | | | |  |  |
| Do you think the young person’s presentation suggests either delusions or hallucinations?  *(Delusions-false but firmly held views/ ideas. Hallucinations- false external stimuli (visual/vocal)* | | | | | | | | | | |  |  |
| Do you think the young person’s presentation suggests they feel their actions are being controlled? | | | | | | | | | | |  |  |
| Are you aware of any mental health problems or psychiatric illness? | | | | | | | | | | |  |  |
| Is the young person currently expressing suicidal thoughts? | | | | | | | | | | |  |  |
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| **Triage Category (See mental health Triage Scale overleaf)** | | | | | | **1** | | **2** | **3** | | **4** | **5** |
| **Immediate management** | | | | | | | | | | | | |
| **Patient location:**  **Supervised by:**  **Toxbase information printed? YES/ NO Blood sample time:** | | | | | | | | | | | | |

**Print name: Signature: Date/Time:**

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| **Triage 1** | **Triage 2** | **Triage 3** | **Triage 4** | **Triage 5** |
| Definite danger to self and others | Probable risk of danger to self or others  Severe behavioural disturbance  Requiring physical restraint | Possible danger to self or others  Moderate behavioural disturbance  Severe distress | Moderate distress | No danger to self or others  No acute distress  No behavioural disturbance  **NOT TO USED IN CASES OF DSH** |
| Observed:  Violent behaviour  Possession of a weapon  Self destruction in ED | Observed:  Extreme agitation/ restlessness  Physical/ verbally aggressive  Confused/ unable to co-operate | Observed:  Agitated, restless  Intrusive/ bizarre/ disordered behaviour  Confused/ withdrawn/ uncommunicative  Ambivalent about treatment | Observed:  No agitation/ restlessness  Irritable without aggression  Co-operative  Gives coherent history | Observed:  Co-operative  Communicative  compliant |
| Reported:  N/A | Reported:  Attempted/ threat of self harm  Threat of harm to others | Reported:  Suicidal ideation  Presence of psychotic symptoms  Mood disturbance | Reported:  Symptoms of anxiety/ depression without suicidal ideation | Reported:  Known chronic psychotic symptoms  Known chronic unexplained somatic symptoms  Requests for  medication/ minor side effects  Social problems |
| Action:  Continuous supervision in department  Immediate medical review | Action:  Continuous supervision in department  Arrange medical review within 10 mins | Action:  Supervised OR in Majors room  Beware triage status may change  Medical review within 1 hour | Action:  Can be asked to wait if necessary  Intermittent observations  Beware triage status may change  Medical review within 2 hours | Action:  Can be asked to wait if necessary  Intermittent observations  Beware Triage status may change  Medical review within 4 hours |

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| **Emergency Department Mental Health assessment** ( to be completed by medical staff) | | | | | | | |
| **Outline of presentation and precipitating factors** | | | | | | | |
| **Suicide Risk Screen: The greater the number of positive responses, the higher the risk** | | | | | | | |
| Previous self harm  Previous significant suicide attempt  Bullying  Suicide plan/ expressed intent  Current suicidal thoughts/ideation  Hopelessness/ helplessness  Low in mood  Displaying bizarre or unpredictable behaviour  Alcohol and/or drug misuse | Y | N | U | Poor physical illness/pain  Family History of suicide  Lack of social support  Family or others concerned about risk  Disengaged from services  Poor compliance with treatment  Poor school performance  Sexuality issues | Y | N | U |
| **Past medical history** | | | | | | | |
| **Medications & immunisations** | | | | **Allergies** | | | |
| **Social circumstances/ support (i.e.family/friends?)** | | | | **Is the young person known to social services?** Yes/ No  Details: | | | |
| **In school?** Yes/ No  Details ( School name, year and contact): | | | | **Any history of bullying?** Yes/ No  Details: | | | |
| **Physical examination** | | | | | | | |
| **Treatment details**: | | | | | | | |
| Medically fit? Yes/ No | | | | | | | |
| Intoxication with drugs and/ or alcohol? Yes/ No Details:  Advice to use HEEADSSS app/ website? Yes/ No | | | | | | | |

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| **Mental State Examination** (ABC-SMITH assessment) | | | | | |
| Appearance: | Behaviour: | | | Cognition: | |
| Speech: | Mood: | | | Insight: | |
| Thoughts: | Hallucinations: | | |  | |
| Clinical impression/ Diagnosis: | | | | | |
| Risk assessment (short term risk of further harm)(48hrs) | LOW | | MEDIUM | | HIGH |
| **For medically fit patients with DSH presentations or for any mental health presentations:**  Monday – Friday 9am-5pm – Refer to CAMHS Liaison team Extension 2779. Request Liaison practitioner  Monday – Friday 5pm-8pm, Sat/Sun and Bank holidays 10am-6pm – Contact Oxford Health Warneford on 01865 901000 and ask for the CAMHS East Wiltshire Liaison  Out-Of-Hours (OOH) – Contact CAMHS on Warneford Switch 01865 901000- ask for on-call clinician for East Wiltshire  **Safeguarding concerns:**  Discuss with Emergency Department (ED) Consultant  Named Nurse (Mon-Frid 9-5) 2272/07500785041  Named Midwife (Mon-Wed 9-5) Ext 2189, ,  On-call consultant paediatrician via switchboard.  Wiltshire Hub - 0300 456 0108  Wiltshire Out of hours - 0300 456 0100  Dorset Hub and OOH 01305 228558  Hampshire Hub - 0300 555 1381  Hampshire Out of hours - 0300 555 1373   * If admitting to Paediatrics, CAMHS will follow up on the following day. * If NOT admitted or not willing to stay, please discuss with on-call CAMHS practitioner. Before leaving ensure there is a responsible adult at home. | | | | | |
| ED discharge destination: Home/ Admitted (which ward)/ Other (give details) | | | | | |
| Follow up advice: | | Parent/carer informed: Yes/No | | | |
| Consultant/MG discussed with: | | | | | |

Print name: Signature: Date/ Time: