**Care Record**

**Checklist & safety plan for admission of adults at risk of self-harm from ligature and high risk items.**

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| Surname: |  | Hospital no: |  |
| Forename: |  | NHS no: |  |
| Gender: |  | D.O.B: |  |
| Ward: |  |  |  |
|  |  |  |  |
| This checklist is for patients who have scored as high risk on the ED Adult Mental Health Matrix or for any patient deemed at high risk of self-harm through the use of a ligature or high risk personal clothing and other items. It does not replace the need for any other enhanced care or mental health/capacity assessments. \*Intoxicated patients are also subject to this assessment\* |
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| **Immediate RISKS** | **Yes** | **No** |  |
| Is the person behaving in a very agitated, distressed, withdrawn or markedly anxious way? |  |  |  |
| Does the person express a sense of hopelessness? |  |  |  |
| Does it appear that the person might try and abscond? |  |  |  |
| Does the patient have a history of absconding? |  |  |  |
| Is the person saying he / she will hurt themselves while in hospital?(i.e.: Ligature risk, overdosing, self-harming?) |  |  |  |
| Is the person behaving in an aggressive and / or threatening manner? |  |  |  |
| Is the person vulnerable to exploitation from others while in hospital? |  |  |  |
| Was the person assessed with an ED Mental Health Risk Matrix? *Enter level in the box* |  |  |  |
| Please sign in the box that you have read the clinical notes, prior to completing |  |
|  |
| **If yes to any of the above or if presentation changes: Discuss management with the patient’s Consultant and inform site (bleep 1312) security (bleep 1249) complete safety plan.**  |
|  |  |
| Call a colleague to supervise the person while you discuss with the nurse in charge and complete the safety plan on reverse.  |
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| Name: |  | Signed: |  |
| Designation: |  | Date: |  |

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| **Ward Environment Risk Assessment Checklist for high risk mental health admissions** |

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|  |  | **Comments** | **Yes****√** | **No****√** | **N/A****√** |
| *Ensure prior to patient arrival.**Request ETS to:* | Ensure patient is in visible bed space with curtains open or visible in side room |  |  |  |  |
| Risk assess and identify actions for circumstances where line of site is not possible |  |  |  |  |
| Toilets locked if required |  |  |  |  |
| Oxygen and suction tubing removed if possible |  |  |  |  |
| Monitor leads removed |  |  |  |  |
| Hospedia telephone removed |  |  |  |  |
| Disconnect patient call bell  |  |  |  |  |
|  |  |  |  |  |
| Remove blinds or secure cords |  |  |  |  |
| Unscrew Bed bumpers |  |  |  |  |
| Ensure window openings are restricted |  |  |  |  |
| Other |  |  |  |  |
| *Supervised access only* | Cling film |  |  |  |  |
| Cutlery |  |  |  |  |
| Plastic bags |  |  |  |  |
| *On admission undertake a search of patient belongings, removing items that could cause harm* | Phone case and remove access to any mobile devices, charger cables. |  |  |  |  |
| Clothing – belt, tie, cords |  |  |  |  |
| Shoes – shoelaces. |  |  |  |  |
| Bag |  |  |  |  |
| Medications |  |  |  |  |
| Other – e.g. hair accessories, scissors, tweezers |  |  |  |  |
| *Ask estates to if possible* | Jewellery/valuables –remove, record and store securely |  |  |  |  |
| *Depending on patient risks* | Hand towels removed |  |  |  |  |
| Hand soap removed |  |  |  |  |
| Bed removed and mattress on floor |  |  |  |  |
| Patient locker placed outside room |  |  |  |  |
| Use of COVID mask |  |  |  |  |
| Other |  |  |  |  |

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| **Date & Time** | **Reason for Admission** | **Risks:** *i.e. Identify the risks to self/others, suicidal intent or absconding risk* | **Action Plan:** *i.e. to reduce and assess risk, MHLT assessment, environment, etc. alleviate boredom, think of distractions.** **Undertake enhanced care risk assessment.**
* **Review what level of support is required i.e. RMN/NA Psych/NA/Security.**
* **Clinical Team may need to liaise with MHLT about action plan.** Contact 01722 336262 x5342/5343 Bleep 1025
* At the start of each shift update security of plan for if patient absconds/ is a danger to themselves on the ward.
 | **Observations levels:** *All interactions to be documented on observation sheet (see reverse)**Remember talking is an intervention* | **Review Date/Time** | **Signature and print name** |
|  |  |  | e.g. ‘amber risk checklist completed’ |  |  |  |

**Ward Safety Plan**

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| Ward: |  |
| Hospital no: |  |
| NHS no: |  |
| Surname: |  |
| Forename: |  |
| Gender: |  | D.O.B: | **\_\_/\_\_/\_\_** |

**Enhanced Observations Record**

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| *Document patient’s description including clothing on each shift.* |

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| --- | --- | --- |
| **Date/Time** | **Observation and interactions documented** | **Signature** |
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 **Enhanced Observations Record**

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| *Document patient’s description including clothing on each shift.* |

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| **Date/Time** | **Observation and interactions documented** | **Signature** |
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