

**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 |
|  |
| **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| Is the young person quiet or withdrawn?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? |  |  |
|  |  |  |
| **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 othersSevere behavioural disturbance Requiring physical restraint | Possible danger to self or othersModerate behavioural disturbanceSevere distress | Moderate distress | No danger to self or othersNo acute distressNo behavioural disturbance**NOT TO USED IN CASES OF DSH** |
| Observed:Violent behaviourPossession of a weaponSelf destruction in ED | Observed:Extreme agitation/ restlessnessPhysical/ verbally aggressiveConfused/ unable to co-operate | Observed:Agitated, restlessIntrusive/ bizarre/ disordered behaviourConfused/ withdrawn/ uncommunicativeAmbivalent about treatment | Observed:No agitation/ restlessnessIrritable without aggressionCo-operativeGives coherent history | Observed: Co-operativeCommunicativecompliant |
| Reported:N/A | Reported: Attempted/ threat of self harmThreat of harm to others | Reported:Suicidal ideationPresence of psychotic symptomsMood disturbance | Reported:Symptoms of anxiety/ depression without suicidal ideation | Reported:Known chronic psychotic symptomsKnown chronic unexplained somatic symptomsRequests for medication/ minor side effectsSocial problems |
| Action:Continuous supervision in departmentImmediate medical review | Action:Continuous supervision in departmentArrange medical review within 10 mins | Action:Supervised OR in Majors roomBeware triage status may changeMedical review within 1 hour | Action:Can be asked to wait if necessaryIntermittent observationsBeware triage status may changeMedical review within 2 hours | Action:Can be asked to wait if necessaryIntermittent observationsBeware Triage status may changeMedical 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 harmPrevious significant suicide attemptBullyingSuicide plan/ expressed intentCurrent suicidal thoughts/ideationHopelessness/ helplessnessLow in moodDisplaying bizarre or unpredictable behaviourAlcohol and/or drug misuse | Y | N | U | Poor physical illness/painFamily History of suicideLack of social supportFamily or others concerned about riskDisengaged from servicesPoor compliance with treatmentPoor school performanceSexuality 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/ NoDetails: |
| **In school?** Yes/ NoDetails ( School name, year and contact): | **Any history of bullying?** Yes/ NoDetails: |
| **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 practitionerMonday – Friday 5pm-8pm, Sat/Sun and Bank holidays 10am-6pm – Contact Oxford Health Warneford on 01865 901000 and ask for the CAMHS East Wiltshire LiaisonOut-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) 2272/07500785041Named Midwife (Mon-Wed 9-5) Ext 2189, ,On-call consultant paediatrician via switchboard.Wiltshire Hub - 0300 456 0108Wiltshire Out of hours - 0300 456 0100Dorset Hub and OOH 01305 228558Hampshire Hub - 0300 555 1381Hampshire 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.
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| 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: