

Emergency Department (16-18 Year Olds) Mental Health Triage

Date: / /

Time of assessment:

For staff use only

These guidelines are 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.

Hospital number:

Surname:

First names:

Date of birth

Does patient have a management plan? Yes No

NHSno ___/___/___

Issues to be explored through questioning

Why is the person presenting now?

Are there any events that precipitated this presentation?

Is the patient's family with them? If not, have they been contacted?

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

Please complete Safeguarding children form if required

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 a history of violence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the person have a history of MH 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"/> |

Nursing assessment

Do you think the patient has the capacity to decide to leave? Yes No Not sure

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: / /

Signature:

Time:

Designation:

Contact/Bleep number:

High level of risk	Medium level of risk	Low level of risk
1:1 Care (family/security /specialing team) Patient must be in Majors area Inform NIC & Lead Dr speak to CCAT/ Prioritise early ED doctor assessment Consent search of patient / belongings	High level intermittent emotional observation and safety check (1 hourly) Refer CCAT Early Dr assessment Inform NIC & Lead Dr In Majors area	Refer to CCAT Low level intermittent observation (2 hourly) Can wait in SWA Inform NIC

RISK ASSESSMENT: Risk-must be re-assessed whenever clinical condition changes

Date and Time	Level of Risk	Comments	Sign and Print Name

Has an information sharing form been completed and sent to safeguarding team? Yes / No

EMOTIONAL OBSERVATIONS: - Ask the following questions instead of routine medical observations, if physically well. This should be hourly or 2 hourly depending on risk level above.

1. Are you feeling ok?
2. Is there anything I can get you?
3. Let us know if you are struggling

Date and Time	Location	Obs/Safety Check Done	Comments	Sign and Print Name

Further emotional observation charts can be used and attached to this form.