

Emergency Department Adult Mental Health Triage Form

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

Marital status (please circle) - Single / Married / Widowed / Divorced

Living circumstances - Alone / With family or friends / Other

Employment – Employed / Unemployed / Self-employed / Retired

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 (x1 red = red risk, see reverse)

Yes No

1. Does the person have any immediate plans to harm self or others or to damage property?
e.g "Do you feel you will"

<input type="checkbox"/>	<input type="checkbox"/>
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2. Is the patient obviously disturbed, threatening, agitated or unpredictable in their behaviour?

<input type="checkbox"/>	<input type="checkbox"/>
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3. Does the person appear to be experiencing any delusions or hallucinations?
e.g "Are you seeing or hearing anything strange for you?"

<input type="checkbox"/>	<input type="checkbox"/>
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4. Is there any suggestion that the person may leave before being seen?
e.g "Can you wait to be seen?"

<input type="checkbox"/>	<input type="checkbox"/>
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Presenting complaint

Why is the person presenting now?

Does the person have a history of mental health problems or self-harm?

If the person has self-harmed, how long ago was the last attempt? (hrs/days)

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

Are there any safeguarding issues for this patient?

(Adult)

Yes No

(Child Protection)

Yes No

Nurse triage

Has this person been searched for weapons or medicines?

Yes No

Is the patient physically well enough (not intoxicated / sedated / in pain etc.)
to undertake an interview with mental health staff at this time?

Yes No

Has a physical cause for the problem(s) been ruled out?

Yes No

Has this patient been discussed with a senior doctor

Yes No

Observation level required

<input type="checkbox"/> Red	<input type="checkbox"/> Green
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Print name: Signature:

Designation: Contact / Bleep number

Actions to be taken according to level of risk identified

Risk level	Risk factors	Actions
Green	<ul style="list-style-type: none"> • There may be mental health issues but no immediate plans to harm self or others • No evidence of immediate vulnerability • Agreeing to stay to be seen / reviewed. 	<ul style="list-style-type: none"> • Refer to Liaison Psychiatry if self harm has occurred or there are active thoughts of self harm or suicide. • Seek senior advice if treatment and follow up to be arranged by ED team or if referral to primary care services e.g. GP
Red	<ul style="list-style-type: none"> • Person has ongoing ideas regarding risk behaviours towards self or others • Mental state likely to deteriorate without treatment • Patient is vulnerable • Serious mental health problems present, including possible psychosis 	<ul style="list-style-type: none"> • Start 15 minute visual observations • Inform senior doctor of patient's presence in ED/AMU and ask for assistance with staffing where necessary • Urgent referral to Liaison Psychiatry team or On-Call mental health cover (out of hours) once the patient is deemed 'medically fit'. • If the patient absconds, inform the doctor in charge, security and the police • Consider allocating a nurse for 1:1 specialising duties

Additional boxes to be added to document if information materials given out

- 1) **Help and advice whilst in the Emergency Dept.** Yes No
- 2) **Self Harm Information Leaflet** Yes No
- 3) **Access Service leaflet** Yes No
- 4) **Useful numbers** Yes No