Greater Glasgow & Clyde Emergency Departments' Mental Health Triage and Risk Assessment Tool

NHS Greater Glasgow and Clyde

Part One - Nursing Triage

triage nurse to complete this page

Patient name _____

CHI _____

Triage Observations

document physiological measurements

GCS	BM	HR	BP	RR	SaO^2	Temp

accompanied by

name, relationship, particular concerns

Describe the appearance/clothing of those attending alone, as they may leave before review.

Is the patient a young person in foster care or in a residential care placement? **YES/NO**

Is the patient a carer for a child or a dependent adult? **YES/NO**

Is there a child protection concern or concern for a vulnerable adult at risk? **YES/NO**

Outline of Presentation

tick all the categories which apply

Overdose (will also require medical assessment)	
Self-injury (will also require wound management)	
Other Mental Health Presentation	

Initial Presentation, Appearance and Behaviour

respond yes or no to each question, in any order which seems appropriate

Is the patient violent, aggressive or threatening?	Y		N
Is the patient obviously distressed, markedly anxious or highly aroused?		Y	N
Is the patient preoccupied, erratic or impulsive?	Y		N
Is the patient quiet and withdrawn?		Y	N
Do you think the patient is behaving inappropriately to their situation?		Y	N
Do you think the patient presents an immediate risk to you, to others, or to themselves?	Y		N
Do you think the patient is likely to abscond prior to assessment?	Y		N
Do you think the patient's presentation suggests either hallucinations or delusions?*	Y		N
Do you think the patient feels their actions are being controlled?	Y		N
Are you aware of a history of mental health problems or psychiatric illness?		Y	N
Are you aware of a history of violence or self-harm?		Y	N
Is the patient currently expressing suicidal thoughts?	Y		N
Is the patient currently intoxicated, with alcohol, or other substances?		Y	N

*Delusions; false but firmly held views and ideas. Hallucinations; false external stimuli (for example, visual or vocal) the patient thinks are real

Triage Risk Assessment

identify an initial category of risk, select one or more risks

High / Moderate / Low – risk

of self-harm / violence / absconding

Triage Category		High risk – accompanied ***and*** in the clinical area. Moderate risk – accompanied ***or*** in the clinical area. Low risk – can be asked to wait *if necessary*.

Immediate management

print toxbase information, and in paracetamol overdose, note 4-hour time for blood sample.

Patient location, accompanied by…	Summary
Blood sample time?	
Toxbase info printed? Y/N	
GMAWS considered? Y/N	

Any responses in the first column **High Risk**

Other patient**s** can be categorised as **Moderate Risk**

If *all responses* are in the third column **Low Risk**

name/grade _____

signature _____

date and time _____

Part Two - Mental Health Assessment

medical staff to complete this page

Patient name _____

CHI _____

outline of current presentation and precipitating factors

current and previous mental health problems, self-harm episodes, problematic alcohol and/or drug use, contacts with mental health services

other relevant information, (relationships, finances, employment, housing, physical health, childcare responsibilities, current medications, etc) - protective factors (beliefs, relationships, plans for future) - views of relatives/carers/'significant others'

Appearance	Behaviour	Speech
Mood	Thought	Insight

Risk Factors

(this is not an exhaustive list)

alcohol or drug use	
planning or concealment	
evidence of psychosis	
ongoing suicidal intent	
family concern about risk	
access to lethal means	
lack of social support	
age and gender	
chronic illness/pain	
family history of suicide	
disengaged/noncompliant	
unemployed/retired	
previous violent methods	
history of self-harm	
current psychiatric treatment	
previous psychiatric treatment	

Careful consideration should be given to patients who may present particular risks, including patients who may have post-natal depression, or patients with 'first presentations' of mental health problems, especially in adolescence or old age.

Risk Assessment

based on clinical assessment indicate a category of risk for a further episode of self-harm in the short term (48hrs) - consider protective as well as precipitating factors.

High / Moderate / Low

Discharge Advice and Plan for Further Assessment

indicate the follow-up plan – referral to Liaison Psychiatry, duty doctor, out-of-hours CPN service, CMHT, GP, addiction services, SW, etc - indicate the advice given to the patient, and identities of others informed.

summary	follow up and advice given

service referred to	name/relationship of carer informed	consultant/middle-grade involved in decision or review

If young people in foster care or residential care are assessed, their social work team should be informed (via stand-by SW if out-of-hours) as well as giving information and advice to carers present.

name/grade

_____

signature

_____

date and time

_____