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



## patient name (use sticker)

CHI \_\_\_\_\_

## Part One - Nursing Triage

Triage	document physiological measurements						
GCS	BM	HR	BP	RR	SaO <sup>2</sup>	Temp	
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

Accompanied by	name, relationship, concerns					
Describe the appearance and 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 dependent adult?

## YES/NO

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

Initial Presentation		respond yes or no to each question						
Is the patient violent, aggressive or threatening?						Y		Ν
Is the patient obviously distressed, markedly anxious or highway aroused?							Y	Ν
Is the patient preoccupied, erratic or impulsive?						Y		Ν
Is the patient quiet a				Y	Ν			
Do you think the patient is behaving inappropriately to their situation?							Y	Ν
Do you think the patient presents an immediate risk to you, to others, or to themselves?						Y		Ν
Do you think the patient is likely to abscond prior to assessment?						Y		Ν
Do you think the patient's presentation suggests either hallucinations or delusions?*						Y		Ν
Do you think the patient feels their actions are being controlled?						Y		Ν
Are you aware of a history of mental health problems or psychiatric illness?							Y	N
Are you aware of a	history of violer	nce or self harm?					Y	Ν
Is the patient currently expressing suicidal thoughts?						Y		Ν
Is the patient currently intoxicated, with alcohol, or other substances?							Y	N
Triage Risk Assessment identify an initial category of risk, circle one or more risks   Any responses in the first column								
High / Moderate / Low Self-harm / Violence / Absconding					High Ris	k Joatients (		
Triage Category		High risk - accon Moderate risk - ac Low risk - can		ategorise	d			
Immediate management			Patient location		in the	espons third c Low I	olumn	
Summary			accomp	Cianatura				
			Blood sample time?		Signature			
			TOXBASE info printed?	SE info printed? Y/N				
			GMAWS considered?	Y/N				
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Part Two - Mental Health Assessment					patient name	(use sticker)	
outline of current presentation and precipitating factors							
					СНІ		
current and previou	us mental healt	h problems, self	f-harm episodes	s, problematic ald	cohol and drug use,	contacts with mental hea	Ith services etc
· ·		1		× 1			
Other relevent info	mation (valatio	achina finanaaa		hausing physics		eneneihilitiee	
					I health, childcare re ews of relatives/care	ers/significant others	
Presentation						cular risks, especially th health problems, in add	
Appearance				Behav	iour		
Mood				Speec	h		
<b>-</b>							
Thought				Insight			
<b>Risk Factors</b>	Age		Gender		Discharge A	dvice - Plan for Fu	ther Assessment
(not an exhaustive list) alcohol or drug use		suicidal intent		lent methods			
history of self-harm	_	elethal means	disengaged or n		Summary of pro	oblems and advice give	1
lack of social support unemployed or retired		tory of suicide	chronic physical				
evidence of psychosis		r concealment ern about risk	current psychia previous psychia		service referred to -	Liaison Psychiatry, CPNs, CN	IHT, SW, Addictions, GP etc
If young peop	le in foster c	are or reside	ntial care are	assessed,			
their social work team should be informed (out-of-hours via stand- by SW) as well as giving information and advice to carers present.			Name/relationship of carers informed. Consultant/Middle-grade involved in discussion or review				
Risk Assessme	nt				L	ourisuitarit/muule-graue III	ANA TH ARCUSSION OF INVIEW
			. / 1 .		Signature		
indicate a categor	-	oderate		the short-term	Name		
(48hrs) -			precipitating fac	ctors (illop@ggc.scot.nhs.uk	Designation	Date	Time