Wirral University Teaching Hospital NHS
NHS Foundation Trust

Children's Mental Health Risk Pathway

Patient Sticker

Date:

Health care professional name:

NURSING DOCUMENTATION

Presenting Complaint:

Patient Description:

ANY CONCERNS RE PATIENT HAS SOMETHING ON THEM THAT CAN HURT THEMSELVES OR OTHERS (eg Knives / Medications) **Yes** ☐ **No** ☐

Currently Patient: Calm ☐ Distressed☐ Agitated☐ Aggressive☐

Acts of deliberate self-Harm:	**Yes** ☐	**No** ☐
Thoughts of deliberate self-Harm	**Yes** ☐	**No** ☐
Is the patient under Section 136:	**Yes** ☐	**No** ☐
Substance Overdose Taken:	**Yes** ☐	**No** ☐
Substance Ingested		
Toxbase Printed	**Yes** ☐	**No** ☐
Alcohol Consumed:	**Yes** ☐	**No** ☐
Illicit Drugs Consumed:	**Yes** ☐	**No** ☐
History of Substance Use:	**Yes** ☐	**No** ☐
Is this patient able to hold an age appropriate conversation?	**Yes** ☐	**No** ☐
Is the Patient currently willing to wait?	**Yes** ☐	**No** ☐
Do you have immediate concerns re capacity?	**Yes** ☐	**No** ☐
If this person tries to leave is a capacity assessment required?	**Yes** ☐	**No** ☐
Is this a looked after child ?	**Yes** ☐	**No** ☐
Is the patient currently pregnant?	**Yes** ☐	**No** ☐
Consent to sharing information–note in safeguarding situations can override	**Yes** ☐	**No** ☐
Is this patient potentially vulnerable child. Consider domestic violence, sexual exploitation?	**Yes** ☐	**No** ☐

Wirral University Teaching Hospital NHS
NHS Foundation Trust

Patient Sticker

Mental Health Risk assessment and Documentation

NURSING DOCUMENTATION

Triage by Triage time Date

Risk Matrix complete? **Yes** ☐ **No** ☐

Risk Status **Red** □ **Amber** □ **Green** □

NURSE ASSESSMENT MATRIX : FINAL RISK BASED ON HIGHEST RISK ON MATRIX					
Physical (Concerns re medical state (infection / Overdose / self-harm))	Arousal / Agitation Level	Personal Possessions (eg medications / knives / blades)	Intent (To self / others / risk of absconding)	Environment / Persons Present	RISK
Denies OD / Harm	**Low**	**Low (no potentially harmful possessions)**	**No further thoughts of harm to self /others, no risk of absconding / no delusions / Hallucinations / psychotic experiences**	**In MHU**	**LOW / GREEN**
Low risk OD minor injuries	**Moderate** **Easily aroused but settles not aggressive or severe distress**	**Moderate** **Denies having harmful possessions but refuses check**	**Some thoughts of harming self or others or thoughts to leave but can resist these thoughts**	**In Waiting room with relative / friend**	**MODERATE / AMBER**
Concerns re OD, Observations needs medical input	**High** **Pacing / unable to settle overt aggression severe distress / history of violence**	**High** **Has potentially harmful possessions unwilling to give up**	**Thoughts of self harm / others / absconding finding it difficult to resist. Experiences hallucinations and commanding them harm / leave / absconding**	**No MHU rooms, no one with them**	**HIGH / RED** **ALERT SENIOR NURSE / DOCTOR**

Wirral University Teaching Hospital NHS
NHS Foundation Trust

Patient Sticker

Date Clinician

HISTORY / ASSESSMENT

Immediate Risk assessment *							
	Yes	No	Maybe		Yes	No	Maybe
Current suicide plan				**Low in Mood**			
Current suicidal thoughts				**Male**			
Access to lethal means of harm				**Transgender**			
Bizarre / unpredictable behaviour				**Sexual exploitation/ Domestic Violence**			
Previous Violent methods				**Lack of social support**			
Family concerns about risk				**Hopeless / helplessness**			
Previous Self-harm				**Disengaged from services**			
Alcohol / drug abuse				**Poor adherence to psychiatric treatment**			
Chronic pain / illness				**Family history suicide**			

Any Medical concerns? **Age <12, History of ingestion, Abnormal PEWS**

IF OD / Self Harm then use SLIPA assessment – ie **Suicidal** thoughts at the time, **Lethality** of episode / perceived: (include avoiding discovery / planning / Anticipated death) **Intent** now, **Protective** and **Adverse** Factors

Hx Substance Misuse Yes □ No □ Alcohol Intake

Signs of intoxication Yes □ No □

PMH including Mental Health Diagnosis:

Date:

Patient Sticker

Is there concern about the medical health of this patient?

Wirral University Teaching Hospital NHS
NHS Foundation Trust

DATE NAME

Patients Sticker

Mental Health Assessment	
Appearance	
Behaviour	
Cognition	
Speech	
Mood	
Insight & Capacity concerns	
Thoughts	
Hallucinations / Perceptions	

HEADSSS -ED				
	No Concern	Needs action soon	Needs action now	Comments
HOME				
EDUCATION / EMPLOYMENT				
ACTIVITIES				
DRUGS /SMOKING /ALCOHOL				
SEX / RELATIONSHIP / GENDER IDENTITY				
SELF HARM / DEPRESSION / SELF IMAGE				
SAFETY / ABUSE				
EMOTIONS / BEHAVIOURS / THOUGH DISTURBANCE				
DISCHARGE – COULD BE SAFE IF DISCHARGED				

Patient Sticker

Date:

Health care professional name

SUMMARY / SBAR

Mental Health Diagnosis

Overdose of Self Harm □ Depressive Disorder □ anxiety disorder □ Suicidal Ideas □ psychotic episode □

Other …….

Medically fit for assessment Yes □ No □ Medically fit for discharge Yes □ No □

Could The Child be kept safe by Carer Yes □ No □

Time Referred to CAMHS (AGE < 16) Liaison (> 16)

All CYP with self-harm / Ingestion must be discussed with CAMHS / MH Liaison to allow safe discharge.

If safety is definite and out of hours, then 1. Ring xxxxxxxxx message can be left. Team can be emailed is xxxxxxxxxxxx the team pick up emails at 8am in the morning if it isn't a Mon/Tues 12-12.30 shift.

IN MOST CASES A DISCHARGE WILL ONLY HAPPEN AFTER DISCUSION WITH CAMHS

Wirral University Teaching Hospital NHS
NHS Foundation Trust

Date: Time:

Health care professional name:

Mental Health Nursing Round Documentation

Date / Time	Mental State				
Signature	Calm	Distressed	Agitated	Aggressive	Absconded
Comments / Actions					
Date / Time	Mental State				
Signature	Calm	Distressed	Agitated	Aggressive	Absconded
Comments / Actions					
Date / Time	Mental State				
Signature	Calm	Distressed	Agitated	Aggressive	Absconded
Comments / Actions					
Date / Time	Mental State				
Signature	Calm	Distressed	Agitated	Aggressive	Absconded
Comments / Actions					
Date / Time	Mental State				
Signature	Calm	Distressed	Agitated	Aggressive	Absconded
Comments / Actions					
Date / Time	Mental State				
Signature	Calm	Distressed	Agitated	Aggressive	Absconded