APP 2;30/03/10 V2:Please complete for self-harm patients aged 18 and over attending A&E from xx to xx inc

Patient Name: ………………………………………………….**DOB**…………………**NHS No**…..……………………………
(for identification by hospital staff only)
A&E attendance number:……………………………… «**HO1_ind**»……………………«**HO1ep_id**» …………………….

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1. Sex: M[1] F[2] ☐ **2.Age**………. **3. Date of arrival in A&E**…………………… **4.Time of arrival in A&E:** (24hr) [a]hour ………**:** [b]mins. …….

5. Ethnicity: White[1] ☐ Black[2] ☐ South Asian[3] ☐ Other[4] (specify)………………………… Not stated[5] ☐

6. a) Method of harm (tick all that apply):

self-poisoning (drugs)[1] ☐ self-poisoning (other)[2] ☐ ……………………… (please specify) self-laceration[3] ☐

If self-poisoning by drug(s) state name of drug…………………………………………… ……………………………………

……

Other method) [4]………………… (please specify)

6 b) Were recreational substances taken within 6hrs of the attempt? Yes[1]/No[2]………

6 c) (If yes specify) alcohol Yes[1]/No[2]/N/K[3] …………..rec drugs Yes[1]/No[2]/N/K[3]…………

7. a) Was the patient admitted to a general hospital bed? Yes[1]/No[2]………………

b) If yes, what type of ward was the patient admitted to?:-

A&E ward/bed[1] ☐ (short-stay medical assessment unit) General medical/hospital bed[2] ☐ Other[3] ☐………………………………… (please specify)

8. Was there evidence of a risk assessment by A&E staff? Yes[1]/No[2]/N/K[3] ………………

9. a) Was a specialist psychosocial assessment requested? Yes[1]/No[2] /N/K[3] ………………

b) If not, please state the reason for this……………………………………………………………………………………..

10. a) Did the patient have a specialist psychosocial assessment at any stage during the hospital episode? Yes[1]/No[2]/N/K[3]………………

b) If not, please state the reason for this……………………………………………………………………………………

(**For the purposes of this audit**: A specialist *psychosocial assessment* is an interview carried out by a member of mental health staff).

11. If the patient had a specialist psychosocial assessment:

a) When was the assessment carried out?: (i) Date: …………………. (ii) Tick time**:** (24hr) [a]hour ……./ [b]mins …….

b) Who was the assessment carried out by? :-

Psychiatrist[1] ☐ CPN /MH Liaison Nurse[2] ☐ Other[3] ☐………………………….............. (please specify)

12. Had the patient previously self-harmed? Yes[1] /No[2]/ NK[3]………………

13. Is the patient currently in receipt of specialist mental health services? Yes[1] /No[2]/ NK[3]………………

14. a) Has the patient been a psychiatric in-patient in the last 12 months? Yes[1] /No[2]/ NK[3]………………

b) If yes, how recently? (tick first that applies)

current ☐ <1month ago ☐ 1m-<12 months ago ☐ N/K ☐

15. Follow-up arrangements:-

a) Was the episode communicated to the GP? Yes[1] /No[2]/ NK[3]………………

b) Select all follow-up arrangements that apply:

GP[1] ☐ Social Worker[2] ☐ Inpatient psychiatric care[3] ☐ Outpatient psychiatric care[4] ☐

CMHT[5] ☐ Other[6] ……………………………… (please specify) None[7] ☐ Not Known (NK) ☐

HO1_ind………………….«**HO1ep_id**»…………………