The Pennine Acute Hospitals

Emergency Department Clinical Guidelines

Deliberate Self Harm

Based on NICE Guidelines on Self Harm 2004 and A J Mitchell and M Dennis 'Self harm and attempted suicide in adults: 10 practical questions and answers for emergency department staff' *Emerg. Med. J.*, Apr 2006; 23: 251 - 255.



Triage for mental and physical risk & if clinically safe, place in designated room to await further management. Very agitated/aggressive patients should be seen as soon as possible & inform security early. See Guideline on Dealing with Aggressive patients

Patients who wish to 'leave against advice' (see guideline), must have capacity and physical risk assessed and documented. If capacity is diminished, seek senior advice and obtain mental health assessment urgently and call security to prevent the patient from leaving.

Assess physical problem and treat as appropriate to the specific injury. For wounds <5cm, try to use tissue adhesive or Steristrips where possible.

Follow TOXBASE or Poisons Information
Service advice. If appropriate use activated charcoal within 1-2 hours. Bloods for paracetamol levels at 4 hours post ingestion if possible. (See appropriate guidelines: Opiates, Paracetamol, Salicylates, Tricyclics and benzodiazepines). Defer mental health assessment in unconsciousness or if life saving treatment required. Treat physical problems as appropriate.

Sympathetically obtain psychiatric history & assess suicide risk and perform a mental health examination. Document on MASH form. Determine potential future risk and refer those who you think may be at increased risk (i.e. not ALL self harm patients).

SAU PERSONS Score":	<u>Score</u>
Sex male	1
A ge <19, >45	1
D epression/hopelessness	2
Previous attempts/psychiatric history	1
Ethanol; excess usage	1
Rational thinking loss (i.e. psychotic)	2
Separated/divorced/widowed	1
Organised/serious attempt (e.g. notes, tried to hide etc)	2
No social support	1
Stated future attempt	<u>2</u>
	14

<6: Low risk, allow home with GP follow up

6-8: Refer to psychiatry SHO or Mental Health Liason team

>8: Admission likely, refer as above

*There are other risk scoring systems around. They should not replace careful assessment and good clinical judgement