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| Patient Details |
| Name:  Hospital Number:  DOB:  NHS No:  (Use patient label) |

# Admission Ligature Risk Proforma – ICU/HDU/ACU and Base Wards

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| **Consider the following** | **WHEN COMPLETED PLEASE TICK**  **✓** | **IF NOT DONE**  **PLEASE DOCUMENT REASONS WHY NOT** |
| **Ensure patient is in a bed space in clear view of nursing station with curtains open** |  |  |
| **Removal of oxygen tubing** |  |  |
| **Removal of suction tubing** |  |  |
| **Removal of bedside cabinet.** |  |  |
| Assess to Mobile phone charger cable |  |  |
| **Assessment and requested ‘self-search’/removal of high risk clothing**  **e.g. belt, tie, cords, shoe laces**  Patients can be asked to **hand over** any high risk items. Reasons for removal need to be explained to the patient.  Where the patient does not consent / comply - should they not understand the risk we can remove items in the patients best interests but this would need to be documented under MCA requirements.  Should the patient be subject to assessment or treatment under the MHA then employees can insist to ensure safety. **(See ‘Minimising the risk of self-harm in patients (Ligature risk and search) clinical guideline’ on T Drive)** |  |  |
| **Removal of call bell** |  |  |
| **Removal of monitors with leads** |  |  |
| **Registered Mental Health Nurse (RMHN) close support assessment undertaken** |  |  |
| **RMHN Close support required and requested** |  |  |
| **Unregistered Close support required and requested** |  |  |
| **Date Completed:** | **Signature** | **Print name:**  **Designation:** |

**ICU/ACU/HDU and Base Wards Environmental Assessment**

**To be repeated every 24 hours whilst patient deemed at risk**

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To raise awareness of potential ligature risks that cannot be easily removed on a ward adopt a systematic approach to observation of the room and checking and noting each ligature point identified. **(See ‘Minimising the risk of self-harm in patients (Ligature risk and search) clinical guideline’ on T Drive)**

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| **Bay / Side Room patient is being cared for in** | | **Item Present** | **Action taken Consider what controls, procedures are utilised within the area to mitigate the risk** (such as close observations, security arrangements). **These may be sufficient and no further action is necessary.** | |
| * Oxygen tubing/suction * Call Bell * Access to phone charger * Personal items (i.e. belt) * Windows – frames, catches * Doors – handles, hinges door closers * Curtain / blind rails * Exposed pipe work * Suspended ceilings * Lights * Wardrobes-handles, locks, doors, rails, coat hooks * Sinks – taps, soap dishes, waste pipes * Bed – cables and handset present | |  |  | |
| **Bathroom/ Toilet/ Shower the Patient has access to** | | **Item**  **Present** |  | |
| * Doors – handles, catches, hinges, Closing device * Hooks e.g. for clothes * Bath / sink taps, grab rails, waste pipes * Suspended ceilings * Extractor fans * Toilet, cistern handles * Toilet Roll / Soap / Paper Towel dispensers * Shower Rose on hose or control knob * Open pipe work * Shower cubicle doors/curtain rail | |  |  | |
| **Date Completed:** | **Signature** | | | **Print name**  **Designation:** |