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

**Ligature Risk Proforma - ED / ED Observation Unit Only**

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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:** |