



HSE Mental Health Services

Phoenix Care Centre



Psychiatric Intensive Care Service

Referral Form

To be completed by Medical Staff

Version 06 – April 2017

Private & Confidential

PLEASE CONSULT THE PROCEDURE FOR REFERRAL (INCLUDED WITH THIS FORM)

Patient Details

Full Name:		Title:	
Preferred Name:		Alias :	
Date of Birth:		First Language:	
Ethnicity:		Religion (If any):	
Current Placement:		Allergy Status:	
Diagnosis/Working Diagnosis:			
Last Known Address:			
GP Details: (Name / Address / Fax / Telephone)			
Next of Kin Details: (Name/Relationship/Number)			

Referrer Details

Consultant Psychiatrist Name & Address:			
Telephone Number:	Mobile:	Landline:	
Email Address:		Fax Number:	
Designation:			

PICU REFERRAL FORM – CLINICAL INFORMATION

REASON FOR PICU REFERRAL

Please provide as much information as possible to enable a decision regarding admission to be made.
Please include strategies that you have used in an attempt to manage this referral
Please include interventions that have been tried and interventions that have failed

HISTORY OF EVENTS LEADING TO CURRENT ADMISSION

DATE OF DETENTION UNDER MENTAL HEALTH ACT (2001):

DATE OF TRIBUNAL:

CURRENT MEDICATION:

RESULTS OF INVESTIGATIONS TO DATE:

ECG MSECS _____

DETAILS OF CURRENT PHYSICAL EXAM:**CURRENT MENTAL STATE EXAMINATION:****PAST PSYCHIATRIC HISTORY: (FROM FIRST PRESENTATION TO DATE)**

MEDICAL HISTORY:
FAMILY PSYCHIATRIC HISTORY:
CURRENT SOCIAL CIRCUMSTANCES: (INCLUDE FINANCIAL STATUS)
DRUG (OTC/STREET/PRESCRIPTION) AND/OR ALCOHOL MISUSE:
FORENSIC HISTORY:
PERSONAL HISTORY: (INCLUDE – EARLY CHILDHOOD / SCHOOLING / EMPLOYMENT HISTORY / RELATIONSHIPS)
PREMORBID PERSONALITY:

CM-CRAM

Comprehensive Multidisciplinary Clinical Risk Assessment & Management



HSE Mental Health Services
Dublin North City Mental Health Services

Comprehensive Assessment & Management of Risk

The following risk indicators and criteria are devised to assist the MDT in the formulation and management of risk as part of a dynamic and continuous process
Based on the Sainsbury Tool (Stein, 2005) and the Sainsbury Clinical Risk Management Tool and Manual (Morgan, 2000)

Service Users Name

Date of Birth:

Where a risk is identified place a ✓ in Yes / No risk identified place a ✓ in No / Unknown place a ✓ in Unknown

Date of Assessment

Time of Assessment

Review Date

Sources of Information

Risk Indicator Checklist

Suicide

	Past			Current		
	Yes	No	Unknown	Yes	No	Unknown
Attempts on their life						
Expressing high levels of distress						
Use of violent methods						
Helplessness or hopelessness						
Misuse of drugs and/or alcohol						
Family history of suicide						
Major psychiatric diagnosis						
Separated/widowed/divorced						
Expressing suicidal ideas						
Consider/planned intent						
Significant negative life events						
Believe no control over their life						
Unemployed/retired						
Other (Please specify)						

Comments

Neglect

	Past			Current		
	Yes	No	Unknown	Yes	No	Unknown
Periods of neglect						
Lack of positive social contacts						
Failing to drink properly						
Unable to drink properly						
Unable to shop for self						
Failing to eat properly						
Insufficient/inappropriate clothing						
Difficulty managing physical health						
Difficulty maintaining hygiene						
Living in inadequate accommodation/No fixed abode						
Experiencing financial difficulties						
Lacking basic amenities (water/heat/light)						
Difficulty communicating needs						
Pressure of eviction/repossession						
Denies problems perceived by others						
Other (Please specify)						

Comments

Aggression / Violence						
	Past			Current		
	Yes	No	Unknown	Yes	No	Unknown
Incidents of violence						
Paranoid delusions about others						
Use of weapons						
Violent command hallucinations						
Hallucinations						
Misuse of drugs and/or alcohol						
Signs of anger and frustration						
Sexually inappropriate behaviour						
Known personal trigger factors						
Preoccupation with violent fantasy						
Expressing intent to harm others						
Admissions to secure settings						
Dangerous						
Impulsive acts						
Denial of previous dangerous acts						
Other (Please specify)						
Comments						

Risk associated with disability						
	Past			Current		
	Yes	No	Unknown	Yes	No	Unknown
Sensory impairments						
Intellectual impairments						
Physical suitability of home						
Mobility inside the home						
Mobility outside the home						
Risk of falls						
Risk of wandering						
Risk of accidental injury						
Communication difficulties						
Expressing sexuality (Inappropriate/restricted)						
Consequences of impulsivity						
Inappropriate demands on services						
Driving						
Other (Please specify)						
Comments						

Physical / Medical Risks						
	Past			Current		
	Yes	No	Unknown	Yes	No	Unknown
Physical impairments						
Medical Condition (specify)						
Self managing medication						
Monitoring medication side-effects						
Risk of withdrawal (prescribed/street drugs/synthetic/alcohol)						
Self injury (e.g. cutting, burning)						
Other self harm (e.g. Eating disorder)						
Accidental risks of smoking (e.g. health, fire)						
Manual handling risks						
Incontinence						
Other (Please specify)						
Comments						

Other Risks						
	Past			Current		
	Yes	No	Unknown	Yes	No	Unknown
Exploitation by others (e.g. financial)						
Exploitation towards others						
Stated abuse by others (e.g. physical, sexual)						
Abuse by others						
Harassment by others (e.g. racial/physical)						
Harassment of others						
Risks to child(ren)						
Living alone (with no support)						
Culturally isolated situation						
Religious or spiritual						
Persecution						
Fire Risk (deliberate fire-setting only)						
Iatrogenic risk (Diagnosis, labelling, institutionalisation, stigma, discrimination)						
Other (Please specify)						
Comments						

Risk Factors	
Short Term Risks / Hazards	Long Term Risks
(Dynamic & External Influences)	(External Influences)
Triggers / Stressors (If Known)	
Protective Factors	

Statement or Summary of Risk	
1	1. The company's financial performance is highly dependent on the success of its new product line, which is currently in the early stages of development. If the product fails to gain market acceptance, the company's revenue and profitability will be significantly impacted.
2	2. The company's operations are heavily reliant on a single supplier for a critical component. Any disruption in the supply chain, such as a natural disaster or a change in the supplier's business strategy, could lead to production delays and increased costs.
3	3. The company's market share is currently low, and it faces intense competition from established players. If the company fails to differentiate its offerings and improve its marketing efforts, it may struggle to gain a competitive edge.
4	4. The company's financial statements are subject to audit by external parties. Any discrepancies or errors in the financial reporting could lead to a loss of investor confidence and a decline in the company's stock price.
5	5. The company's operations are subject to various regulatory requirements, including environmental and labor laws. Non-compliance with these regulations could result in fines, penalties, and reputational damage.
6	6. The company's success is heavily dependent on the skills and experience of its key management team. If key executives leave the company, it could lead to a loss of institutional knowledge and a decline in performance.
7	7. The company's operations are subject to various risks, including natural disasters, cyberattacks, and changes in market conditions. These risks could lead to significant financial losses and operational disruptions.
8	8. The company's financial performance is highly sensitive to changes in interest rates. If interest rates rise, the company's borrowing costs will increase, leading to a decline in profitability.
9	9. The company's operations are subject to various risks, including changes in government policies, trade restrictions, and geopolitical tensions. These risks could lead to significant financial losses and operational disruptions.
10	10. The company's success is heavily dependent on its ability to attract and retain top talent. If the company fails to do so, it may struggle to maintain its competitive edge and achieve its long-term goals.

Long term risk + short term risk – protective factors = DESCRIPTIVE Statement or Summary of Risk
(Low / Medium / Medium to High / High)

Risk Management Plan / Safety Plan

Including, for example: who, what, how, when, expected outcome, positive potentials

Consider, for example risk minimisation, early warning signs, crisis responses, long-term management, positive risk taking, levels of observation, liberty entitlements, transporting of service user etc.

Plan	Identified Person (Include Service User)
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Signature	Print Name	Title / Designation	Date	Time
Signature	Print Name	Title / Designation	Date	Time

PRO-FORMA – AGREEMENT LETTER



Approved Centre Name: _____

Approved Centre Address: _____

Date: _____

Dear Clinical Director of Phoenix Care Centre,

I _____ the Consultant Psychiatrist / Clinical Director responsible for the care and treatment of;

Service User Name: _____

Service User Date of Birth: _____

agree to accept the above named service user back to the Approved Centre as detailed above; once the service user is discharged from the Phoenix Care Centre.

Signed: _____
Consultant Psychiatrist / Clinical Director

Print Name: _____

Date: _____

Procedure for Referral to the PICU Service

Referral to PICU

All referrals should be sent on the Phoenix Care Centre PICU Referral Form

All referrals are reviewed and screened by the MHA Administrator and PICU Consultant Psychiatrists who will then liaise with the referring Consultant Psychiatrist.

The PICU team will provide the referring Consultant Psychiatrist with advice on the management of the service user including any plan to transfer the service user to the PICU service.

If a decision to accept transfer of a service user to the PICU service is made, the referring Consultant Psychiatrist will arrange that the appropriate Mental Health Act (2001) documentation is completed and forwarded to the PICU MHA Administrator to be checked. These forms include;

- Fully completed Referral Form (including requested documentation), Risk Assessment, and current Prescription Chart
- Application for Recommendation for Involuntary Admission of an Adult (Forms 1-4)
- Recommendation for Involuntary Admission of an adult (Form 5)
- Involuntary Admission Order (Form 6) **or** Form 13 and Clinical Practice Form S.14(2) or S.23(1) and patient Notification Form S. 16(2) (As applicable)
- Notice of Transfer to another Approved Centre (Form 10) S.20,21(1),(3) & (4)
- Current Renewal Order by responsible Consultant Psychiatrist (Form 7) and patient Notification Form S.16(2)
- Medication Consent for more than 3 months (Form 17) S.60 **or** copy of Written Consent continuing to take medication for a further 3 month period.
- A written letter from the referring service's Clinical Director to state that they will accept the service user back to the referring approved centre.
- A letter from the Consultant Psychiatrist in PICU service will be sent to the Admission Team to confirm acceptance of patient and to arrange transfer of patient to the PICU.
- All Admissions to the PICU service should normally be received onto the PICU no later than 15:00hrs.
- Day of Transfer Checklist (Available on the Website).

Any questions/queries about a PICU referral can be made to the MHA Administrator on:

Ph: (076) – 6958709 | Secure Fax – (076) – 6958790

PICU Referral Criteria

Service Users referred to the PICU should meet the following criteria;

- Be aged 18 years of age or over and be under 65 years of age
- The referring approved centre shall meet the legal requirements set out in Sections 20 to 22 of the Mental Health Act 2001.
- Service users considered for referral to the PICU may display behavioural difficulties which seriously compromise their physical or psychological well-being, or that of others and which cannot be safely assessed or treated in an open acute inpatient facility.
- Services users will only be considered if they display a significant risk of aggression or absconding with serious risk in the context of serious mental disorder.
- Service users will only be considered for admission if it has been demonstrated that Multidisciplinary management strategies in the referring acute admission unit have not succeeded in managing the presenting problems and that there is an agreed projected date of discharge.
- The referring consultant psychiatrist and members of the MDT may be required to attend MDT meetings in Phoenix Care Centre as part of the individual care plan.
- A written agreement will be signed by the Clinical Director of the referring approved centre guaranteeing to either accept the service user back to the referring approved centre.
- The referring consultant psychiatrist is responsible for making appropriate arrangements for the transfer of the patient from the approved centre to Phoenix Care Centre.

PICU Exclusion Criteria

Service Users referred to the PICU may be declined based on the following criteria;

- The service user is assessed as presenting too high a degree of risk for a PICU and requires Medium to High Therapeutic Security.
- The service user has a primary diagnosis of substance misuse.
- The service user's behaviour is as a direct result of substance misuse and they are not suffering from an exacerbation of their mental disorder at the time of the referral.
- The service user's only reason for transfer is suicidality or vulnerability (due to sexual disinhibition).
- The service user has a primary diagnosis of acute organic disorder.
- The service user has a primary diagnosis of acquired brain injury.
- The service user has a primary diagnosis of learning disability.
- The service user has a primary diagnosis of personality disorder.
- The service user's condition is too frail to allow their safe management in a PICU environment.