



PLS Mental Health Triage Tool for use in the Emergency Department during the COVID-19 Pandemic

Stage 1: Medical Screening		
New continuous cough or fever	Yes 🔲	No 🔲
NEWS score >0 (with the exception of tachycardia or high RR that is clearly due to anxiety)	Yes 🔲	No 🔲
Psychotic symptoms in the absence of a psychiatric history	Yes 🔲	No 🔲
AMTS<8	Yes 🔲	No 🔲
Evidence or suspicion of acute medical problem (includes drug/ alcohol withdrawal)	Yes 🔲	No 🔲
Visual hallucinations present	Yes 🔲	No 🔲
Disposition: Any "Yes": Parallel assessment in the Emergency Department 6x "No": direct referral to liaison psychiatry and diversion to the MH Hub if Stage 2 criteria met. Give details of any medical follow-up needed		

PLS consultants of Bedford and Luton & Dunstable Hospitals, April 2020. Medical screening adapted from Shah et al. A screening tool to medically clear psychiatric patients in the emergency dept. J Emer Med 2012. 43(5):871-5.





Stage 2: Mental Health risk screening		
Presentation with <u>acute</u> risk to self OR others that has to be managed imminently	Yes 🗖	No 🔲
Ongoing thoughts of harm to self OR others with risk of absconding	Yes 🗖	No 🔲
Acute distress/ risky behaviour in the Emergency Department	Yes 🗖	No 🔲
Significant previous risk of harm to self OR others to a degree that would make transport very unsafe	Yes 🔲	No 🔲
Security department has been involved during this presentation	Yes 🗖	No 🔲
Medically compromised as per Stage 1	Yes 🗖	No 🔲
Appears to be under the influence of <u>drugs and/or alcohol</u>	Yes 🗖	No 🔲
Disposition: Any "Yes": Parallel assessment in the Emergency Department		
7x "No": direct referral to liaison psychiatry and diversion to the MH Hub if Stage 1 criteria met.		
If known dementia or strongly suspected, please discuss with PLS old age consultants (or		
second on call out of hours)		

Stage 3: Completion of MH Triage tool on RiO

PLS consultants of Bedford and Luton & Dunstable Hospitals, April 2020. Medical screening adapted from Shah et al. A screening tool to medically clear psychiatric patients in the emergency dept. J Emer Med 2012. 43(5):871-5.