Lightning Learning: Self-harming Patients

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East Midlands Emergency Medicine Educational Media

WHAT?

When risk assessing mental health patients who have self-harmed, don't just think **ABCDE**... think '**PEPI**' and '**SLIPA**'.

Primary Assessment (PEPI)

The primary assessment should focus on 4 key areas:

P **Physical:** health needs and degree of arousal/agitation

E **Environment:** in which the patient is being cared for – is this safe for you and or them?

P **Personal:** items which the patient has in their possession *(which may be used for self-harm or harm to others)*

I **Intent:** of the individual

WHY?

Does the patient need immediate treatment? If **YES** put the patient in a safe environment or Resus if needing rapid tranquilisation.

Secondary Assessment (SLIPA)

Now, go on to assess the following 5 key areas:

S **Suicidal:** thoughts at the time of self-harm.

L **Lethality:** likelihood that the episode of self-harm would have resulted in death.

I **Intent (now):** whether the patient has any current thoughts of self-harm or suicide.

P **Protective factors**

A **Adverse factors**

Examples: personal relationships, family & friends, job, housing, finances and criminal charges.

HOW?

Protective and Adverse factors: consider these both together as they often refer to the aspects of patient's life which can be either **protective** or **stressful** *(e.g. a job stressful of protective or both).*

Assessment of these five **SLIPA** areas provides the basis for assessment of risk to which other relevant factors can be added – and produce an overall risk profile.

Demographic or Historical factors: these should be used in conjunction with the information obtained from **SLIPA** to enhance accuracy of the risk assessment.

Author: *M. Williams, G. Burdett & S. Jutla* **Date:** *19.03.2018* **Version:** *1.0*