

Risk assessment / management of patients presenting to the CUH Plastic Surgery service from other hospitals/services following deliberate self-harm.

General Principles

Patients who harm themselves have high rates of mental disorder and have an increased risk of repetition and suicide. For this reason, all patients who have had deliberate self-harm should have a psychosocial assessment by a trained assessor as early as possible following the episode. In most centres this assessor will be the psychiatrist on-call to the local emergency department.

Some patients who harm themselves have injuries that cannot be managed by the local hospital surgical service and thus are referred to the Plastic Surgery service at CUH.

Implications for Referrals to CUH Plastic Surgery Service

Prior to accepting a referral of a patient following deliberate self-harm to CUH for a plastic surgery assessment/intervention, the surgical team should ensure the following:

- 1) The patient has had a psychosocial / risk assessment by the local psychiatrist on-call.
- 2) The outcome of this assessment has included *inter alia* clear recommendations about:
 - supervision arrangements and contingency planning during transport to CUH
 - the need for special (1:1) nursing during the CUH inpatient/outpatient stay
 - the level of urgency of the need for further psychiatric assessment in CUH
- 3) A written copy / summary of the psychosocial assessment is included with the surgical transfer letter that accompanies the patient to CUH.

Implications for CUH Liaison Psychiatry Service

- 1) Patients attending the Plastic surgery outpatient clinic will not routinely have a psychosocial assessment by the CUH Liaison Psychiatry service as this should have been carried out by the local psychiatric service prior to transfer (see above). If there is an emergency need for psychosocial assessment of outpatients, please contact CUH Liaison Psychiatry (#771/772) or Psychiatry on-call (#216) to discuss.
- 2) Patients admitted to a plastics bed should be routinely referred to Liaison or on-call psychiatry depending on the level of urgency identified on initial assessment by the local service and/or by the admitting surgical team.

Procedure for Discharge of Inpatients

Some patients may require psychiatric admission / close psychiatric follow-up following discharge from CUH Plastics inpatient treatment. Such patients may not, for example, be suitable for transfer to SMOH for Physio/rehab because of their mental state and associated risks.

Therefore please contact CUH Liaison Psychiatry service well before discharge so that appropriate aftercare can be arranged.