

On-Call Supervision Record

Date: _____

Resident: _____

Time of Review: _____

PGY 1 2 3 4 5 (circle)

Patient Demographics

Name: _____ DOB: _____ MRN: _____

Sources of Information (check all that apply)

Patient Family Member Police/EMS EPR External Collateral

Case Summary

Risk Factors for Suicide
Predisposing vulnerabilities
Precipitating Factors
Previous attempts & self-harm
Mental Status
Current suicidal thinking & plan
Protective Factors

Issues to be considered in the case presentation:

Past records reviewed on EPR (including discharge summaries & scanned documents)?	Yes	No
Screened for medical comorbidity?	Yes	No
Risk factors for violence & aggression reviewed (if appropriate)	Yes	No
Safety Issues considered (e.g., driving, children in home, access to weapons)?	Yes	No

Multiaxial Diagnosis:

Is this diagnosis based on historical diagnosis or current presentation?

I

II

III

IV

V GAF (current): GAF (highest in past 6 months):

Management Plan: (Please consider the questions below when helping the resident to develop a plan)

If the disposition is to <u>ADMIT</u>	If the decision is to <u>HOLD</u>	If the disposition is to <u>DISCHARGE</u>
<ul style="list-style-type: none"> • What are the goals of admission? • What unit is suitable (ACU/ward)? • Is the patient voluntary? • What treatment are you proposing? • Is the patient capable of consenting to treatment? • Is there a need for chemical restraint orders? 	<ul style="list-style-type: none"> • What information are you waiting for to assist with a disposition? • Are there consultations required from other services? • Is there any treatment indicated during the hold? 	<ul style="list-style-type: none"> • What follow-up will there be for this patient? • Have you informed their primary care giver, case manager or other about the ER visit? • Does this patient have a plan for coping with a crisis?

Clinical Decision

Discharge

Admit

- Unit: ACU Ward Geri
- MHA Status: Voluntary Involuntary (F1 or F3 – expiry: _____)
- Capacity Assessed? Yes No – for treatment _____ (F33)
- Identified SDM: _____

Hold

Supervisor Comments:

Date: _____

Signature: _____