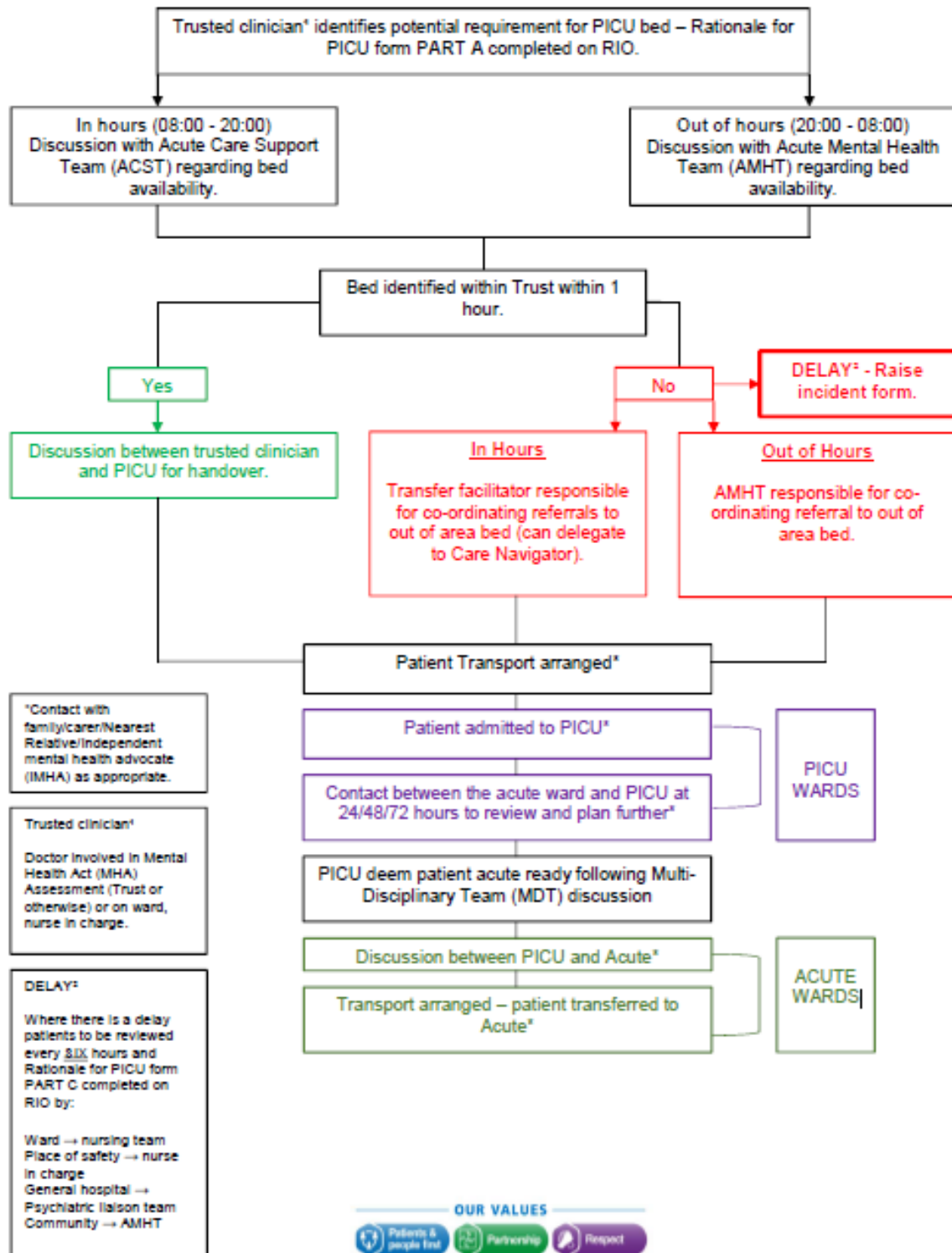


Appendix I. Pathway for Access to Psychiatric Intensive Care Unit Flowchart



Pathway for Access to Psychiatric Intensive Care Unit (PICU)



IPCU GRH REFERRAL

Referring area to complete before contacting IPCU

Date:.....

Have you referred to another IPCU? Yes / No

If yes Give reason why referral Declined:.....

Patient Name	CHI	MHA status/AWI Status		
Locality Ward	Referrers Name	Expiry of detention		
Advance statement	Specified Person	Consultant		
Reason for referral and MDT opinion (including diagnosis or working diagnosis)				
Expectation of stay				
Define Current risk				
Aggression? Describe type/frequency/ any injury Self Harm? Describe method and frequency Absconding with associated risk?- describe how often/intent/risk Vulnerability/Disinhibit ion ? Describe behaviour and frequency Any Physical Health Needs?				
Please tick Interventions tried		Current Medication	Dose	Frequency
Observation				
PRN Medication				
Psychological Input				
Behavioural Strategies				
Medication Review				
Other?				
Effectiveness of Interventions				
What Worked? If Interventions above not used give reason why?				

Now Contact IPCU- 211-3601