PSYCHIATRIC EMERGENCY ALL AVAILABLE MONITOR

( ) General Psychiatry   Name: _____ MPI _____
( ) Addiction Services

_____ Psychiatric Emergency "All Available" _____ Mock Emergency

Type of Emergency: _____ Code Button   _____ Body Alarm

Date: _____ Time: _____ Location: _____

Explain any "No" answers for items 1-8 and item 10.

#	Question		YES	NO
1.	Did staff respond from other units?	1.	YES _____	NO _____
2.	Did staff respond in a timely manner?	2.	YES _____	NO _____
3.	Did the physician arrive in a timely manner?	3.	YES _____	NO _____
4. a.	Was the area cleared of unnecessary obstacles?	4.a.	YES _____	NO _____
4. b.	Was the area cleared of unnecessary bystanders?	4.b.	YES _____	NO _____
5.	Was the patient physically monitored by:			
	a. RN	5.a.	YES _____	NO _____
	b. MD	5.b.	YES _____	NO _____
	during the emergency?			
6. a.	Was appropriate restraint equipment available?	6.a.	YES _____	NO _____
6. b.	Was appropriate restraint equipment used?	6.b.	YES _____	NO _____
7. a.	Was appropriate protective gear available?	7.a.	YES _____	NO _____
7. b.	Was appropriate protective gear used?	7.b.	YES _____	NO _____
8.	Role of Agency Police			
	a. Were Agency Police called?	8.a.	YES _____	NO _____
	b. Were Agency Police involved in the psychiatric emergency?	8.b.	YES _____	NO _____
	c. If Agency Police were involved, did the team leader (RN/MD) provide direction?	8.c.	YES _____	NO _____
	d. If Agency Police were involved, was authority transferred from the team leader to the Police? If yes, check criterion necessitating transfer of authority.	8.d.	YES _____	NO _____

    ( ) Serious patient assault

    ( ) Patient wielding an actual weapon

    ( ) Patient engaging in extensive destruction of property

    ( ) Patient has taken hostage(s)

    ( ) Patient has barricaded self in an area not easily accessible

9. Who was the team leader in charge before the MD arrived?

_____
    Name   Title

10. Was debriefing held?	10.	YES _____	NO _____

11. List the names of staff in attendance:

_____

_____

12. Identify any areas for improvement:

_____

_____

Recorder: _____

The RN Supervisor/Unit Director will send the completed "*Psychiatric Emergency Monitor*" form to the Divisional Chief of Patient Care Services & a copy to the <u>Program</u> Manager.

New 5/18