PSYCHIATRIC EMERGENCY ALL AVAILABLE MONITOR

( ) General Psychiatry
( ) Addiction Services

Name: _________________________ MPI ___________

( ) 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.

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, 8.d. YES ____ NO ____

   check criterion necessitating transfer of authority.
   ( ) 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 Program Manager.