

## NCEPOD: Physical Healthcare for inpatients in Mental Health Hospitals- Definitions

<b>Admission to the mental health hospital</b>	<p>The point at which a person begins an episode of care- the start of an inpatient stay on the mental health hospital ward. The total continuous stay of a patient in the mental health hospital may include transfer(s) to / from physical health care wards for treatment if patient is detained under section 19 of the Mental Health Act (1983)</p>
<b>Comprehensive physical health review</b>	<p>According to the RCPsych standards for inpatient mental health care a comprehensive physical health review should be undertaken on all patients. In addition to the initial tasks listed under the initial assessment, the physical health review should include</p> <p>FIRST 24 HOURS</p> <ul style="list-style-type: none"> <li>• Physical examination;</li> <li>• Height, weight;</li> <li>• Blood tests (Can use recent blood tests if appropriate);</li> <li>• ECG.</li> </ul> <p>FIRST 1 WEEK</p> <ul style="list-style-type: none"> <li>• Details of past family medical history;</li> <li>• A review of physical health symptoms and a targeted systems review;</li> <li>• Lifestyle factors e.g. sleeping patterns, diet, smoking, exercise, sexual activity, drug and alcohol use.</li> </ul>
<b>EPR- Electronic Patient Record</b>	<p>An electronic health record (EPR) is a digital version of a patient's paper chart. EPRs are real-time, patient-centered records that make information available instantly and securely to authorized users</p>
<b>Early Warning Score</b>	<p>An early warning score (EWS) is a guide used by medical services to quickly determine the degree of illness of a patient. It is based on the vital signs (respiratory rate, oxygen saturation, temperature, blood pressure, pulse/heart rate, AVPU response). NEWS2 is the latest version of the National Early Warning Score (NEWS), first produced in 2012 and updated in December 2017</p>
<b>Initial physical health assessment</b>	<p>This is the first assessment of physical health on admission to the mental health inpatient ward.</p>

	<p>According to RCPsych standards for inpatients. Initial tasks should be completed within 4 hours of admission include:</p> <ul style="list-style-type: none"> <li>• Details of past medicines reconciliation history;</li> <li>• Current medication, including side effects and adherence (information is sought from the patient history and available collateral information within the first 4 hours. Further details can be sought from medical reconciliation after this);</li> <li>• Consideration of whether the patient is at risk of withdrawal from drugs/alcohol;</li> <li>• Physical observations including blood pressure, heart rate and respiratory rate.</li> </ul>
<p><b>Medicines reconciliation</b></p>	<p>Medicines reconciliation is the process of identifying an accurate list of a person's current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated. People who are inpatients in an acute setting should have a reconciled list of their medicines within 24 hours of admission or earlier if clinically necessary.</p> <p>NICE Quality standard [QS120].</p>
<p><b>Restraint</b></p>	<p>The Mental Capacity Act 2005 (MCA) defines restraint as when someone “uses, or threatens to use force to secure the doing of an act which the person resists, OR restricts. a person's liberty whether or not they are resisting. There are three types of restraints: physical, chemical and environmental. The Mental Health Act (1983) gives authority to restrain patients who require treatment for their mental illness. However it provides no authority to restrain a patient for treatment for their physical condition(s) unrelated to their mental illness.</p>
<p><b>Rapid Tranquillisation (RT)</b></p>	<p>Rapid Tranquillisation (RT) is the use of medication by the parenteral route (usually intramuscular or exceptionally, intravenous) if oral medication is not possible or appropriate and urgent sedation with medication is needed (NICE NG10) (BAP 2018).</p>

**Serious Incident (SI)**

A Serious Incident Requiring Investigation (SIRI) also known as a Serious Untoward Incident or Serious Incident) may be defined as an incident that occurred in relation to NHS-funded services and care resulting in high impact consequences including:

- Unexpected or avoidable death of one or more patients, staff, visitors or members of the public;
- Serious harm to one or more patients, staff, visitors or members of the public