



Queensland Government

Mental Health Services

ACUTE MANAGEMENT PLAN

Facility:

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F I

Telephone:

Person Context - Brief

Diagnosis and background information

Consider: Primary and secondary diagnosis; co-morbidities; Background: medical, surgical, mental health, drug and alcohol and social; Adverse reactions: medications, allergies.

Risk profile - include static (longitudinal) and dynamic (current) factors

Consider: Verbal & physical aggression, property damage; Carriage of weapons, risk of using a a weapon; Suicidality; self-harm; Risk of acting on threats towards self and others; Substance use and behavioural and withdrawal implications; Risk of disengaging from treatment, stopping medication; Vulnerabilities: cognitive and physical disabilities; Risk of exploitation from others: financially; sexually; accommodation due to interlopers, theft.

Presentation considerations or reasons

Consider: Usual baseline health status: medical, surgical, pain; mental health, drug and alcohol; Triggers for presentation: Deterioration in health status from usual baseline; Drug and alcohol: Intoxication complicated by behavioural disturbance and/or medical complications; request for detox, behaviour/s related to drug seeking.

Suggested management strategies

Consider: What interventions are helpful (strategies to assist engagement), what not to do or say, what pathways are an option: physical, mental health, drug and alcohol; strategies to support the vulnerable consumer; community and hospital care providers including NGO's and GP; Consumer strengths such as ability to self soothe, problem solve; Factors that are protective, such as family support, stable accommodation, and a family pet.

Clinical Indicators for admission or discharge

Consider: Alternatives to hospital presentation or admission; Vulnerabilities that may affect decision to admit / discharge

Follow up actions

Consider: Follow up recommendations; Weekend and Public Holiday considerations; Social supports

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People involved in the development of this Acute Management Plan (include name and designation):

Acute Management Plan Review Details (Plans to be reviewed every 6 months)

Review Date - Valid to	Reviewing Clinician / Team / Committee Details	Review Outcomes
<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please complete before document saved.

Consumer invited to participate Yes Not clinically indicated CIMHA Alerts updated Yes No

Consumer participated Yes No Declined

Copy given to consumer Yes No Declined

Endorsed at MDTR OR Complex Care Review

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