TRIAL

Queensland Government

Royal Brisbane & Women's Hospital

Metro North Mental Health RBWH

SAFETY TOOL

(Affix patient identification label here)

URN:

Family Name: Mathew

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F

The aim of this **SAFETY TOOL** is to:

- Help us better understand your needs
- Identify ways to keep you safe and in control of stressful situations during your hospital stay.

The information you provide will help us manage your care. A copy of this Safety Tool will be kept in your chart and a copy will be given to you.

Please tick the relevant options relating to **Triggers, Warning Signs and Coping Strategies**. If you select more than **5** options in any category, please also circle the **5 that are most important.**

Triggers: What are some of the things that make it more difficult for you when you are already upset?	
☒ Loud noise	☐ Bedroom door being open
☐ Being touched	☒ Too much stimulation
☐ Being isolated	☐ Not enough things to do
☐ Yelling or arguments	☒ Auditory or visual hallucinations
☒ Being around men / women	☐ Needs not being acknowledged
☐ Privacy not being respected	☐ Being restrained
☐ Rules	☐ Feeling threatened
☐ Darkness	☒ Feeling patronised
☐ Bright lights / lights shone in eyes	☐ Broken promises
☐ Particular times of the day (When?)	☐ Nightmares or distressing thoughts (What?) .....
☐ Particular times of the year (When?)	☐ Not having control or input (Please explain) .....
☐ Contact with particular people (Who?)	☐ Other: (Please describe) ....

Warning Signs: What are some of the things that indicate that you are becoming angry or very upset? Tick each "warning sign" that you recognise.		
☐ Crying	☐ Being rude or loud	☐ Shortness of breath
☐ Racing thoughts	☐ Rocking	☐ Swearing
☐ Shaking	☐ Sweating	☐ Laughing loudly
☐ Inability to sit still	☐ Clenching fists or teeth	☐ Racing heart
☒ Isolating myself	☒ Wringing hands	☒ Bouncing legs
☐ Singing	☒ Headache or tension in other parts of my body	☐ Having bad thoughts about myself or others
☒ Butterflies or sick feeling in the stomach	☐ Acting out of character (please explain)	☐ Other: (please list) ....

DO NOT WRITE IN THIS BINDING MARGIN

SAFETY TOOL

<MR OPD 195> <Date reviewed: 27/01/10>

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Coping Strategies: Some strategies might help you to feel better when you are having a hard time and think you may lose control. Which of the following strategies do you think may help you?

☐ Asking for help	☐ Warm or cold drink	☐ Gentle stretching
☐ Deep breathing	☐ Sitting or lying down	☒ Time out
☐ Hot or cold shower	☒ Stress balls	☐ Muscle Relaxation
☐ Medication	☒ Walking in the ward	☐ A cool face cloth
☐ Talking with staff or peers	☒ Going for a walk with staff	☐ Rubber bands for wrists
☐ Writing in a diary or journal	☐ Time out with staff present	☒ Punching or hugging a pillow
☐ Dark room or dimmed lights	☐ Sitting by the nurses' station	☐ Wrapping up in a blanket
☐ Listening to music or a relaxation CD	☒ Exercise (what?) Not sure	☐ Doing a puzzle / game / activity (what?)
☐ Reading (what?)		

Other: (please list)

DO NOT WRITE IN THIS BINDING MARGIN

Comments: Is there anything else you would like to add which you think may be helpful? Has the Safety Tool raised any issues that you would like to discuss further?

Consumer Signature: M. Citizen Date: 2 / 11 / 12

Staff member to sign if assisting or discussing with consumer:

Name: Linda Nurse Designation: CN

Signature: L Nurse Date: 2 / 11 / 12

Thank you for completing THE SAFETY TOOL