

## Triage Scale Psychiatric Consultation Southern Health-Santé Sud

Code / description	Psychiatry Consultations Request
<b>5 ***** Emergent</b>	<ul style="list-style-type: none"> <li>• Clients exhibiting demonstrated risk to self or others, or risk of serious and imminent deterioration</li> <li>• Clients with acute disturbance of thought, mood or behavior that requires an immediate intervention as defined by MHLN/ER system, generally for reasons of safety</li> <li>• These client presentations are typically unscheduled in nature, demonstrating a high likelihood of resulting in psychiatric admission</li> </ul>
<b>4 **** Urgent</b>	<ul style="list-style-type: none"> <li>• Client needs are not emergent as stated above however are likely to deteriorate into emergent need, and perhaps require psychiatric admission if not seen for assessment and intervention within 1-2 weeks</li> <li>• The client profile has all the features of emergent presentation, however the progression is seen to be moving slowly:</li> <li>• Ex: The client exhibiting severe depression or anxiety, but not acutely suicidal (and is at risk to deteriorate and/or become suicidal if not seen and treated imminently)</li> <li>• The client who is becoming manic and is either not diagnosed, or not on appropriate medications (and will inevitably deteriorate if medications are not commenced)</li> <li>• The client who has a history of harming self or others, is demonstrating deterioration and is getting appropriate treatment (rule out emergent need where indicated)</li> <li>• The client whose profile suggests a first episode psychosis, or a post-partum presentation</li> </ul>
<b>1 * Basic</b>	<p><u>*A - Non Urgent (first in line) clients:</u></p> <ul style="list-style-type: none"> <li>• The client is involved with Community Mental Health/Shared Care and presents with low risk symptomology which would benefit from diagnostic and/or psycho-pharmacological assessment and recommendations AND</li> <li>• While there is not urgency to the client's symptomology, psychotherapeutic treatment is being impacted or delayed until psychiatric consultation has been complete, e.g. Evidence-based treatment cannot be started because the differential diagnostic profile is complex. The mental health clinician may be waiting for diagnostic confirmation so that appropriate treatment can proceed</li> </ul> <p><u>*B - Non Urgent (second in line) clients:</u></p> <ul style="list-style-type: none"> <li>• The client presents with low risk symptomology which would benefit from diagnostic and/or psycho-pharmacological assessment and recommendations.</li> <li>• The client's symptomology <u>may be</u> chronic in nature.</li> </ul>

Adapted from: Campus Mental Health – Georgian Stepped Care Model Mental Health Triage Scale