Leicestershire Partnership NHS Trust

Physical assessment and examination of service users admitted to Mental Health Unit

This policy sets a minimum standard for physical examination and assessment for service users admitted to mental health and learning disabilities unit and community hospitals.

Key Words:	Physical, assessment, consent, examination	
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Adopted by:	Trust Policy Committee	
Date this version was adopted:	4 March 2022	
Name of Author:	Dr Rebecca Hall Medical Lead for Physical Health	
Name of Responsible Committee:	Clinical Effectiveness Group	
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Leicestershire Partnership NHS
NHS Trust

Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	July 2015	Harmonised policy, updated self assessment
2	October 2015	Policy to include community hospitals
3	December 2021	Policy agreed by CEG not to include community hospitals, policy guidance reviewed and updated in keeping with new IT systems
3.1	March 2025	Ext agreed to allow for policy approval process

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?
Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

For further information contact:

Medical Director
Leicestershire Partnership NHS Trust

Equality Statement
Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team**.**

Please see Appendix 1 for Due Regard Assessment

Definitions that apply to this Policy

Physical Assessment and Examination	The detailed examination of the body from head to toe using the techniques of observation, inspection, palpation, percussion, and auscultation.
Consent	To give approval, assent, or permission. A person must be of sufficient mental capacity and of the age at which he or she is legally recognised as competent to give consent (age of consent).
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

1.0 Purpose of the Policy

The purpose of this policy is to:

- To improve the health and quality of life of service users with mental health illness and learning disability
- To empower service users with information so that they can make informed choices with regards to their physical health
- To give parity of esteem to physical health and align this with the holistic mental health care of patients.
- To provide direction and guidance for the planning and implementation of a high quality and robust care to the service users of this Trust.
- Take opportunities to detect the physical health morbidity of service users at an early stage to ensure remedial action is taken promptly
- To reduce health inequalities wherever possible through a consistent approach to physical assessment and examination

2.0 Summary and Key Points

Leicestershire Partnership Trust is committed to meeting the physical healthcare needs of those who use services regardless of setting or care pathway. This policy is intended to give a minimum standard for physical assessment and examination for service users of mental health and learning disabilities services. Clinicians, of course, can assess the service users in more detail if required based on the service user's needs. Various sub-specialties may have needs for more detailed evaluation in specific areas and can have their own formats for examination but that format should include the minimum standards set in this policy.

3.0 Introduction

People with severe mental illnesses are at higher risk of poor physical health. Compared with the general patient population, patients with severe mental illnesses (SMI) are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease. People with a long-standing mental health problem are twice as likely to smoke, with the highest rates among people with psychosis or bipolar disorder.

The NHS Long Term Plan (2019) aimed to increase the number of people with severe mental illness receiving physical healthcare checks. Leicestershire Partnership Trust is committed to undertaking physical health examinations and checks to help reduce the premature mortality associated with severe mental illness.

This policy should be read in conjunction with:

- Policy for Consent to Examination or Treatment
- Guidance on the monitoring of physical health parameters in patients with serious mental illness prescribed regular antipsychotics.
- Equality Diversity and Human Rights Policy (EDHR policy)
- Medical Appraisal and Revalidation Policy and Procedure
- Chaperone Policy
- Nerve Centre Standard Operating Procedure (BRIGID)

4.0 Standards for the physical assessment of service users on admission

All service users admitted into a mental health and learning disability inpatient facility within Leicestershire Partnership Trust should receive and have documented a full physical assessment and examination (see Appendix 2) within 24 hours of admission (Royal College of Psychiatrists 2009). The medical equipment recommended to perform the assessment and examination is listed in Appendix 3.

Whenever possible, information should be obtained from the referrer and the medical notes before seeing the service user. This helps with both focusing any physical health concerns and checking the level of risk that the service user may present.

All physical observations taken at the time of admission to hospital must be recorded on the Trust physical observation charts and a baseline National Early Warning Score (NEWS2) score documented and acted on in accordance with the Trust Nerve Centre SOP (BRIGID).

When undertaking a physical examination the individual patient's needs are to be taken into account in respect of where and how the physical examination is conducted.

If the service user does not consent or is assessed to be too high risk, this should be clearly documented, and the need for a physical health assessment and examination should be kept under review by the multidisciplinary team. The patient should continue to be offered examination at the first practical and available opportunity.

The reasons a service user may be assessed to be too high risk, include but are not limited to, being uncooperative or displaying acts of physical aggression to medical or nursing staff. The assessing clinician must discuss this with the service users responsible Consultant at the earliest practical opportunity. This discussion and reasoning should be documented, including the risks associated with not formally performing the examination.

When determining uncooperative or other refusal situations, considerations should be given to relevant protected characteristics issues such as cultural sensitivity, LGBT service users, carer support needs and religious belief factors (refer to EDHR policy or Equality Diversity and Human Rights Team).

If a full physical examination has not been possible during the initial assessment, non-contact observations (Appendix 4) should be recorded.

The Trusts Interpretation and Translation Services will be used to ensure all communications with service users are effective and reduce any potential barriers. Service user's adult carers should be considered as an appropriate support mechanism subject to respecting patient confidentiality.

The physical health assessment and examination should be combined with an assessment of the need for any further investigations. Any investigations requested should be advised based on the service user's needs.

The service users' GP should be contacted as soon as possible to get information about any recent investigations or physical health assessments and examination that may have been conducted recently. This information may also be found in the GP section of the tabbed journal on Systm One if the service user has given permission for this electronic information to be shared.

In addition information should be obtained from the Emergency Department (ED) in University Hospitals of Leicester (UHL) if the patient has been admitted through ED.

Duplication of investigations should be avoided.

Any investigation which is deemed necessary should be discussed and documented with the responsible clinician. This should include an assessment as to whether the investigation itself and the outcome of that investigation is needed prior to the patient being discharged. Where this is not deemed necessary this should be clearly documented and communicated to the next responsible clinician or GP who takes over the service users care.

The list of investigations that could be considered are listed in Appendix 5. This list is not comprehensive and other investigations can be considered for service users based on their individual needs. When an investigation is considered the service user should be fully informed and given information in an accessible format to help support them during that investigation.

The responsible clinician should be appraised of the findings of physical examination, any investigations and subsequent actions taken as a result of those findings at the time of ward round. It is considered best practice to record these findings at the time of the ward round, clearly documented under a physical health heading.

There should be a review and documentation at each ward round of any physical observations, any on-going physical health concerns or outstanding investigations, along with a plan

4.1 Chaperone

Anything more than an examination of appearance, pulse or blood pressure should be conducted with a chaperone subject to the service user's consent. The service user should be given the opportunity to state their preferences in relation to the sex of the chaperone. This must be documented in their health records in accordance with the Chaperone policy.

If either the staff member or the service user does not wish the examination to proceed without the presence of a chaperone it can be delayed to a later date when one (or an alternative chaperone) will be available. Any discussions about chaperones (including if one is present) should be documented, including the identity of who is present. If the service user declines the offer of a chaperone this should be documented too.

4.2 Follow-up of physical symptoms

The responsible clinician should be appraised of the findings of physical examination and investigations and action taken as a result of those findings at the earliest opportunity as well as at the time of the ward round.

As stated in the earlier section, there should be a review and documentation at each ward round by the team of the physical observations, any on-going physical health concerns or outstanding investigations, along with a plan of the intended actions as a result of these findings.

It is the duty of the responsible clinician to ensure that the treatment for any physical health problems are followed up appropriately. In line with the guidance above this should include an assessment as to whether the physical health problem itself and the outcome of any investigations for that problem are needed prior to the patient being discharged. Where this is not deemed necessary this should be clearly documented and communicated to the next responsible clinician or GP who takes over the service users care.

The responsible clinician is also accountable for ensuring that any management plans advised either during the ward round, or given by any specialist teams whilst the service user is an inpatient, are carried out in full. This includes but is not exclusive to prescribing appropriate medications, interventions such as physiotherapy, requesting further investigations or even referral to other appropriate specialists.

If the patient is discharged into the community, clear advice, in a timely manner, is given within the discharge letter to the GP regarding physical health problems and necessary follow up. Similarly, adequate information and plan on physical health status is handed over if service user is transferred to another inpatient setting.

of the intended actions as a result of these findings.

4.3 On-going assessment of physical needs

In most cases it is appropriate for the ordering clinician to review investigation results and discuss the results with advice and comments with the responsible clinician. It is important for ward teams to have a clear policy relating to the review of results and any subsequent actions. Accountability will ultimately lie with the responsible clinician for the patients' care.

A clear documentation trail should be available within the electronic patient record (EPR) on Systm One in order to ensure this information is not lost should the ordering clinician be unavailable for any reason. Ward teams should check results of any pending investigations every day and take necessary action at the earliest opportunity. If a result is still pending at the end of the normal working day this should be clearly handed over to the duty clinician covering out of hours. Nursing staff are responsible for informing the ward doctors or duty doctor about any abnormal investigation reports that they receive which are phoned through to the wards.

If a service user stays in the hospital for longer than a year the physical examination and assessment should be repeated at least annually, however, service users should be examined physically whenever clinically indicated. A physical examination should be considered after a period of leave or if the patient has been admitted to another setting, such as an acute hospital, within 24 hours of their return to the in-patient setting. Some patients with long terms physical health conditions such as diabetes, COPD, etc may need more regular monitoring and intervention. Advice and support from the physical health team or specialist opinion should be sought if needed.

4.4 Consent

Consent should always be obtained for a physical examination. It is important that patients have a clear understanding of the importance and purpose of the physical assessment and examination and are kept informed of the outcomes.

If the patient does not give consent the clinician needs to revisit explaining to the patient the importance and purpose of the intended examination. The clinician needs to make reasonable attempt to support the patient in their decision making with regards to examination and discuss again at a later date.

This and every subsequent attempt should be clearly documented in the medical records along with any information relevant to the service user’s capacity to make that decision.

Where service users are unable to provide consent the clinician should examine the patient where it is deemed to be in their best interest. This examination should be attempted with the help of nursing staff and should be clearly recorded.

For further details related to consent please refer to Trust policy on Consent for Examination.

5.0 Flow chart/process chart

Patient admitted to ward

- Obtain consent
- Perform physical examination within 24 hours

Consider investigations needed

- Follow up on any abnormalities highlighted during examination
- Act on these accordingly
- Keep responsible clinician informed

Devise management plan

- Consider discussion with physical health team
- Prescribe medications as indicated
- Consider if required, referral to specialist teams

Continue to review physical health whilst on ward

- Document and review physical health parameters at every ward round
- Re-assess and examine if any clinical change
- If long-term admission consider review of chronic conditions

Patient discharged

- If discharged in to the community ensure timely and accurate communication and hand over of any concerns to GP
- If discharged to another inpatient setting then ensure timely and accurate handover to next responsible clinician.

6.0 Duties within the Organisation

6.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

6.2 Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

6.3 The Medical Director has overall responsibility for ensuring that:
- Staff are aware of this policy and adhere to its requirements.
- Appropriate resources exist to meet the requirements of the policy

6.4 Consultants are responsible for ensuring all medical staff carry out the physical examination of the patients in accordance with this policy.

7. Training implications

There are no training needs identified within this policy.

Training needs for specific investigations and procedures which may be needed during an in-patient stay can be found in the relevant guidelines for those investigations on the staff intranet.

How the Trust assesses the competency of all staff involved in the physical assessment and examination of patients

The competency of staff involved in the physical assessment and examination of patients is assessed as follows on an on-going basis, this includes but is not exclusive to:

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- Through the discussion and review of patients care in clinical supervision and appraisal processes
- Clinical records audit
- Through the monitoring of any complaints which relate to the physical health care of a patient.
- Personal Development Reviews

Training needs consideration should also include cultural awareness and sensitivity training in addition to specific needs of service users with learning disabilities.

8. Monitoring and Compliance

This policy will be monitored on a regular basis to ensure it meets the requirements of Care Quality Commission CQC (outcome 4) Details of how each criterion will be assessed are given below:

Reference	Minimum Requirements	Self assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
6.4 (b)	Physical assessment of patients when they are admitted to a service, including timeframes	Section 4, page 5	On the Clinical Audit Programme – "Physical assessment and investigation of patients on admission re-audit"	Physical health steering group/CEG	Annual
6.4 (c)	How appropriate follow-up of physical symptoms takes place	Section 4.2, page 6	On the Clinical Audit Programme – "Physical assessment and investigation of patients on admission re-audit"	Physical health steering group/CEG	Annual
6.4 (d)	On-going assessment of physical needs for all patients, including timeframes	Section 4.3, page 7	On the Clinical Audit Programme – "Physical assessment and investigation of patients on admission re-audit"	Physical health steering group / CEG	Annual
6.4 (e)	How the organisation assesses the competency of all staff involved in the physical assessment and examination of patients	Section 7, page 9 Career Grade doctors – Local Appraisal and Revalidation Policy Clinical Supervision	Revalidation process of medical staff Clinical Supervision audit on Trust audit programme	Medical Staffing CEG	As required Annual

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance

Appendix 1: Due Regard Equality Analysis

Initial Screening Template

Introduction

This document forms part of the Trusts Due Regard (Equality Analysis) toolkit which can be accessed here.

Leicestershire Partnership NHS Trust has a legal requirement under the Equality Act 2010 to have '' due regard'' to eliminate discrimination. It is necessary to analyse the consequences of a policy, strategy, function, service or project (referred to as activity) on equality groups in respect of service users, patients and staff.

The analysis has to consider people's 'protected characteristics 'age, disability, gender reassignment, marriage / civil partnership, pregnancy and maternity, race, religion / belief, sex, sexual orientation. We also include other vulnerable groups who may not be protected under the Equality Act but their needs should be considered.

There are several tangible benefits in conducting equality analysis prior to making policy decisions, including:

- Higher quality decisions as a result of more complete management information
- Reduced cost as a result of not having to revisit policy that is not fit for purpose
- Enhanced reputation as an organisation that is seen to understand and respond positively to diversity.

Most importantly, through equality analysis we are able to take into account the needs of our different equality groups of staff and patients. Changes being proposed through policy, strategy, transformational programmes or other methods need to be analysed from an equality perspective and the results considered before decisions are made. Where negative impacts are identified, ways to mitigate or minimise them must be put in place.

Before starting if you are unfamiliar with doing an Equality Analysis contact the Equality and Human Rights Team for guidance or visit the Due Regard section on the Trust Intranet here.

Below is the Due Regard Screening Template which aims to assess the likelihood of a negative impact on an equality group/s. For example, a policy change in financial management systems may be considered major but has no negative impact.

The initial screening form needs to be completed to decide if a full Due Regard (Equality Analysis) * should be undertaken. An overview of the various options available are highlighted in a Due Regard fact sheet which includes top tips and a flow chart which can be accessed here.

*A full Due Regard (Equality Analysis) makes sure that any negative impacts have been considered and ways to minimize the impact are specified

Due Regard Screening Template

Section 1	
Name of activity/proposal	Physical assessment and examination of service users admitted to Mental Health Unit and Community Hospitals
Date Screening commenced	01/03/2021
Directorate / Service carrying out the Assessment	Adult and Learning Disability Mental Health Service Mental Health Services for Older Persons Community Services Family and Young Peoples Services
Name and role of person undertaking this Due Regard (Equality Analysis)	Dr R Hall
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: This policy sets a minimum standard for physical examination and assessment for service users of mental health and learning disabilities services.	
OBJECTIVES: Improve the physical health and well-being of mental health and learning disability patients. To reduce health inequalities wherever possible through a consistent approach to physical assessment and examination.	
PURPOSE: • Provide direction and guidance for the planning and implementation of a high quality and robust care to the service users of this Trust. • Take opportunities to detect the physical health morbidity of the service users of this Trust at an early stage as a result of implementation of this policy and then remedial measures would be taken promptly. • Provide a holistic approach and providing care to service users will be adopted to help ensure that the care delivered covers both mental and physical well-being.	

Section 2		
Protected Characteristic	**Could the proposal have a positive impact Yes or No (give details)**	**Could the proposal have a negative impact Yes or No (give details)**
Age		No
Disability		No
Gender reassignment		No
Marriage & Civil Partnership		No
Pregnancy & Maternity		No

Race	An interpreting and translating service is available if the patients first language is not English	No
Religion and Belief	There is no bias within the policy	No
Sex	The policy is equally applicable to all sexes	No
Sexual Orientation	There is no bias within the policy	No
Other equality groups?		No

Section 3

Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.

Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	**X**

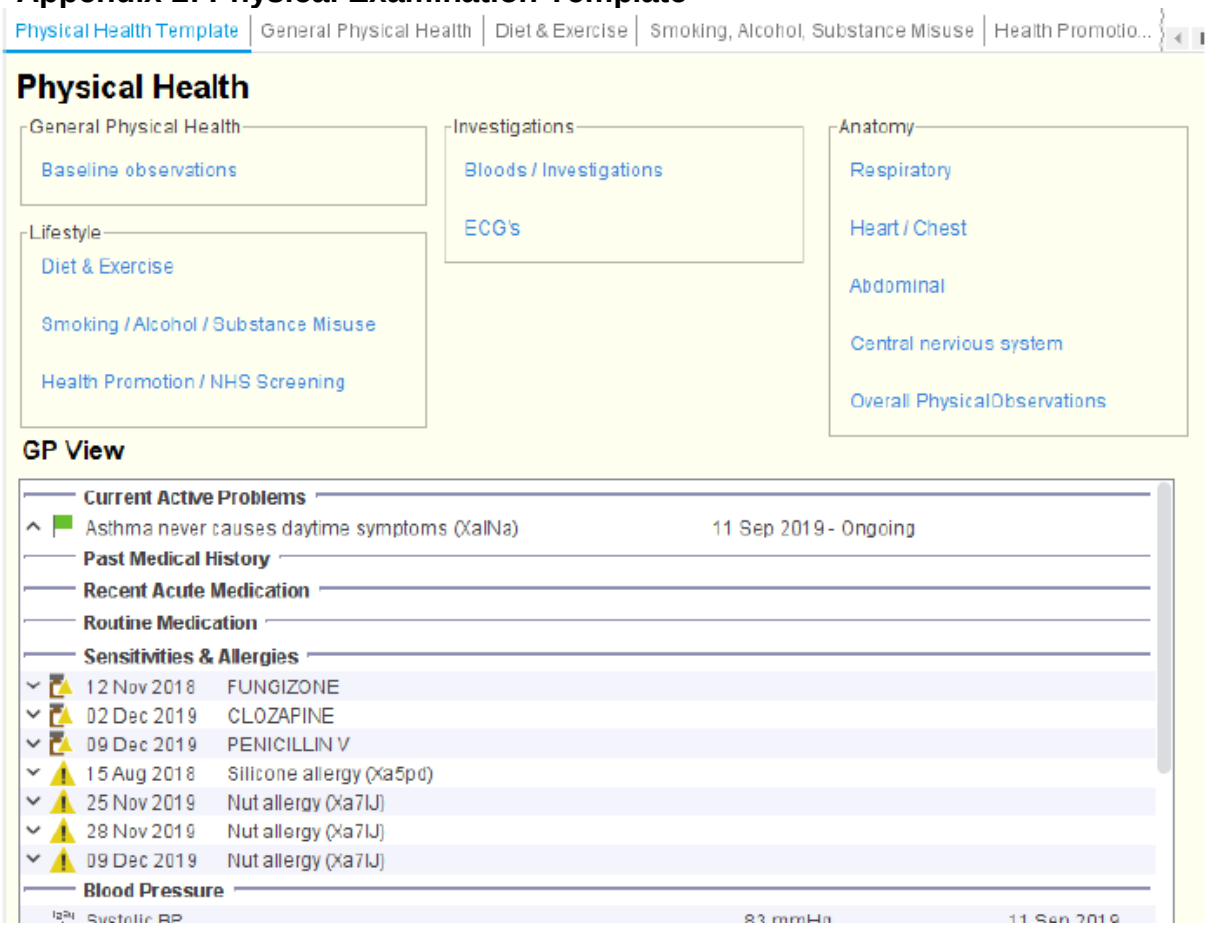
Section 4

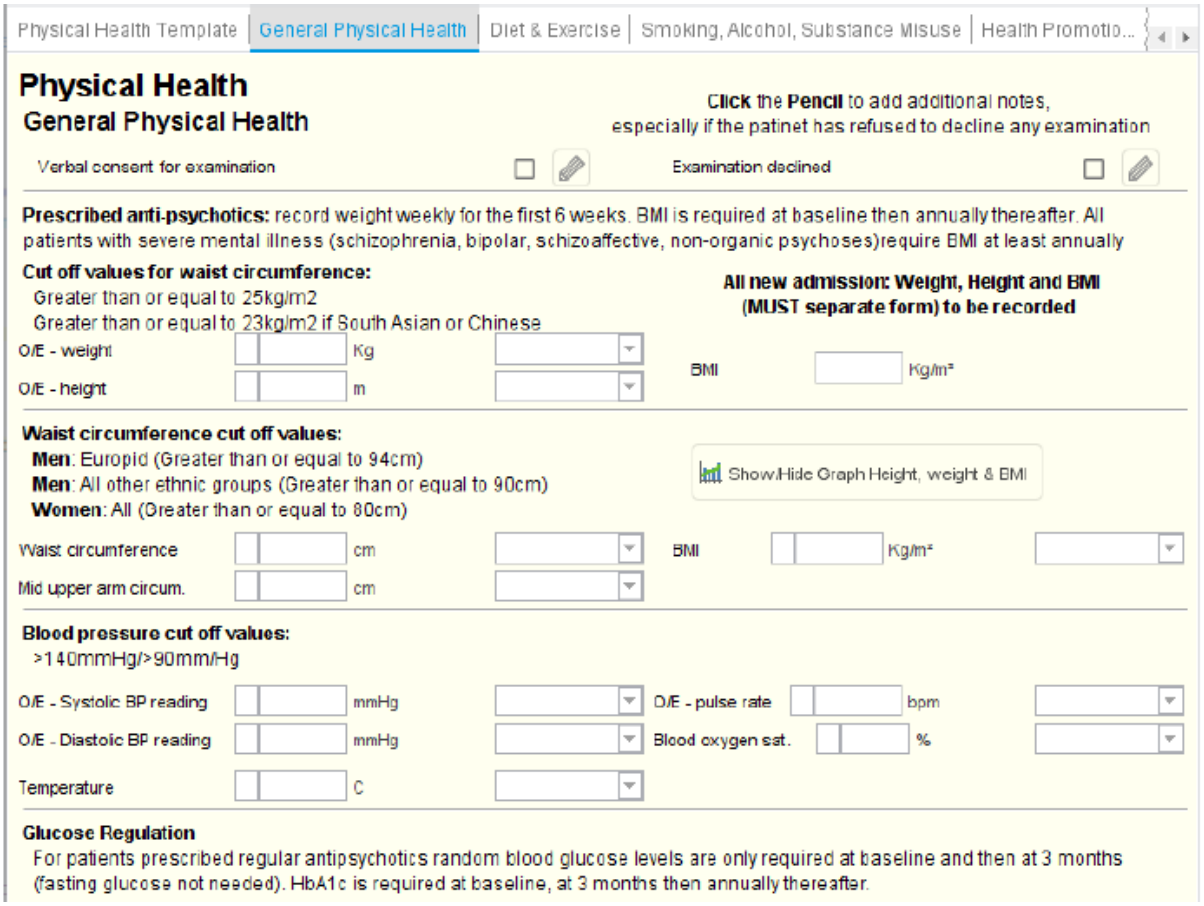
If this proposal is low risk please give evidence or justification for how you reached this decision:

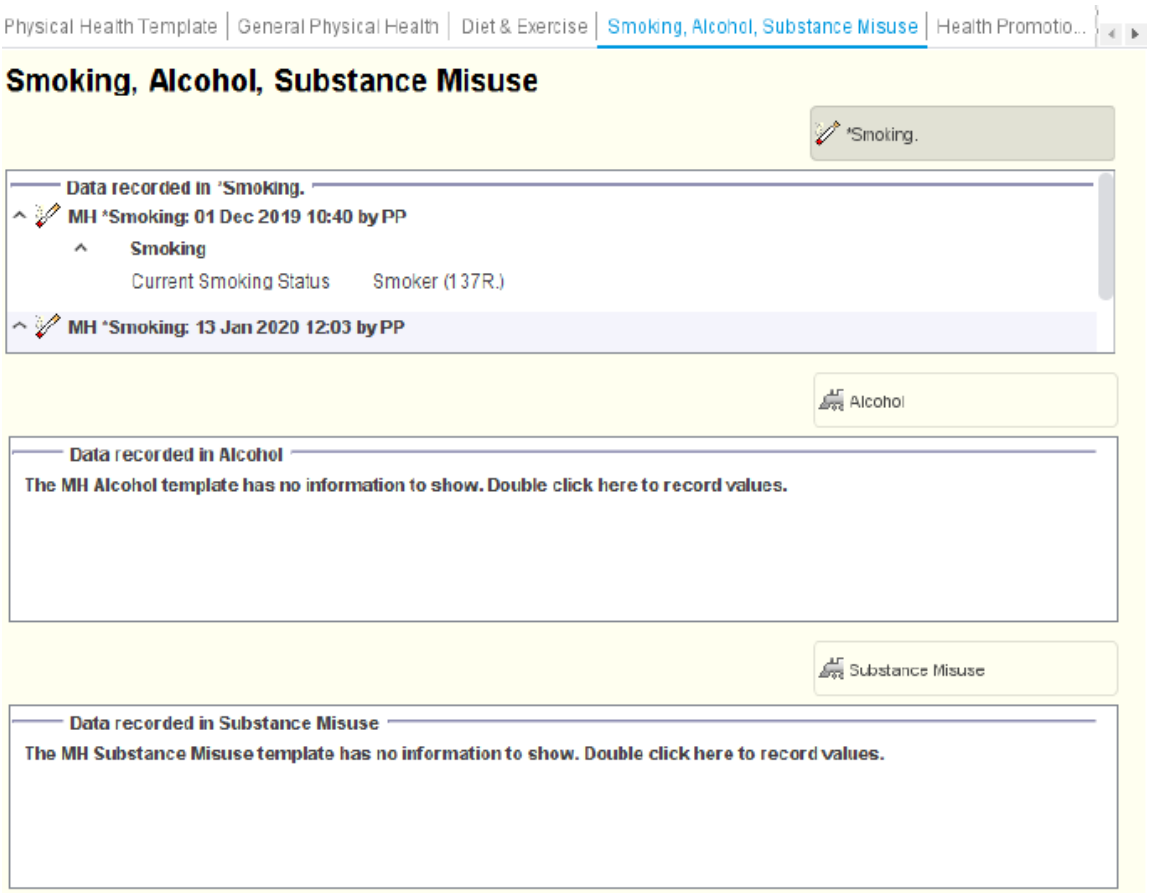
Physical health examination is part of routine assessment . Clinicians are trained in the process during their clinical education. This is underpinned by all professional bodies.

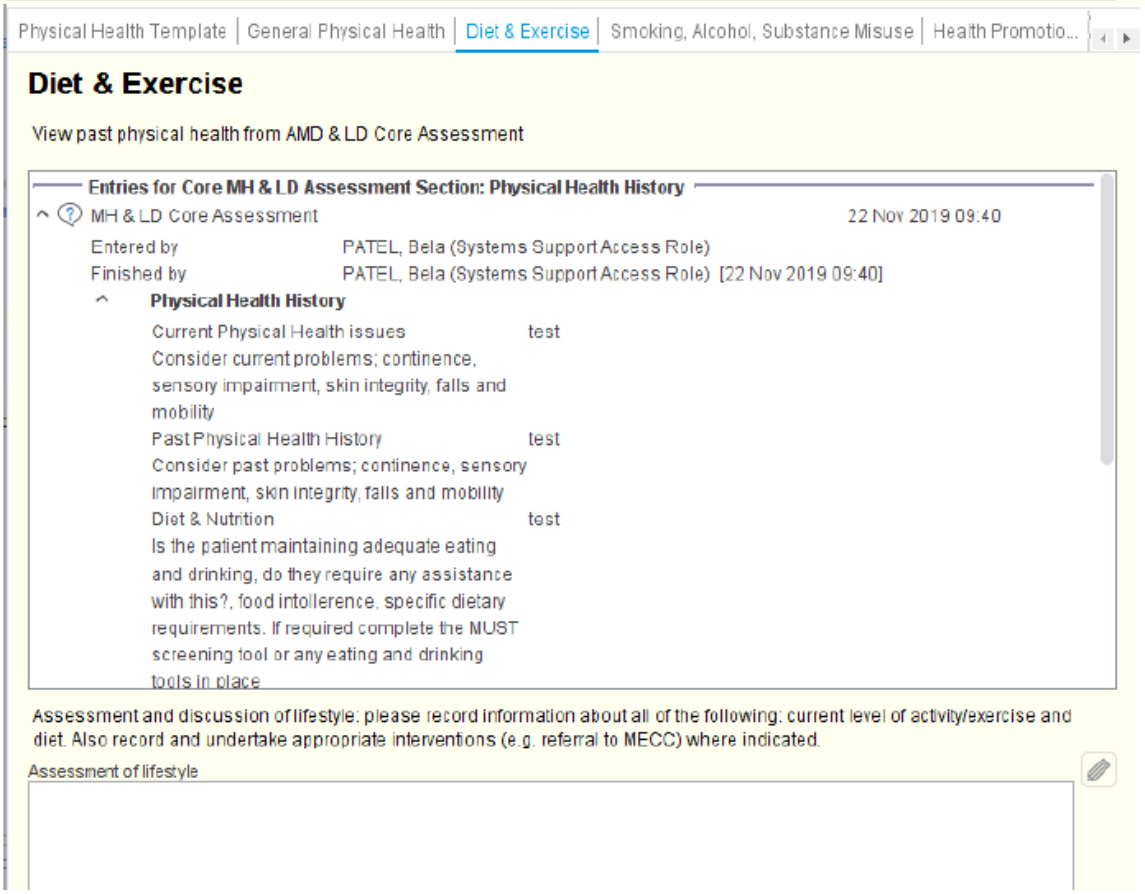
Signed by reviewer/assessor	Dr R Hall	**Date**	1/3/2021
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		**Date**	

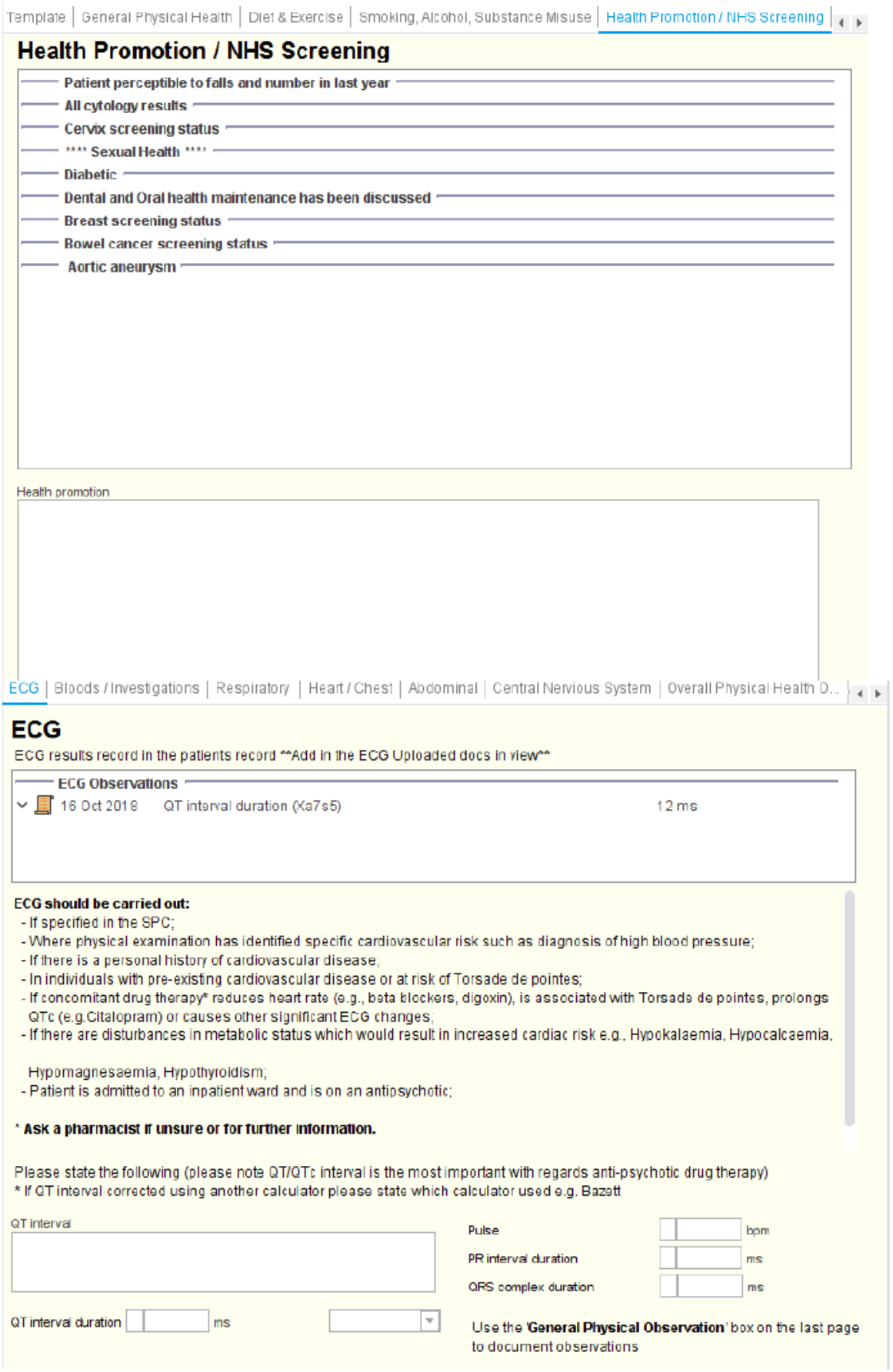
Appendix 2: Physical Examination Template






Physical Health Template | General Physical Health | Diet & Exercise | Smoking, Alcohol, Substance Misuse | Health Promotio...
Smoking, Alcohol, Substance Misuse
*Smoking.
Data recorded in *Smoking.
MH *Smoking: 01 Dec 2019 10:40 by PP
Smoking
Current Smoking Status Smoker (137R.)
MH *Smoking: 13 Jan 2020 12:03 by PP
Alcohol
Data recorded in Alcohol
The MH Alcohol template has no information to show. Double click here to record values.
Substance Misuse
Data recorded in Substance Misuse
The MH Substance Misuse template has no information to show. Double click here to record values.


Physical Health Template | General Physical Health | Diet & Exercise | Smoking, Alcohol, Substance Misuse | Health Promotio...
Diet & Exercise
View past physical health from AMD & LD Core Assessment
Entries for Core MH & LD Assessment Section: Physical Health History
MH & LD Core Assessment 22 Nov 2019 09:40
Entered by PATEL, Bela (Systems Support Access Role)
Finished by PATEL, Bela (Systems Support Access Role) [22 Nov 2019 09:40]
Physical Health History
Current Physical Health issues test
Consider current problems; continence, sensory impairment, skin integrity, falls and mobility
Past Physical Health History test
Consider past problems; continence, sensory impairment, skin integrity, falls and mobility
Diet & Nutrition test
Is the patient maintaining adequate eating and drinking, do they require any assistance with this?, food intollerence, specific dietary requirements. If required complete the MUST screening tool or any eating and drinking tools in place
Assessment and discussion of lifestyle: please record information about all of the following: current level of activity/exercise and diet. Also record and undertake appropriate interventions (e.g. referral to MECC) where indicated.
Assessment of lifestyle


Template | General Physical Health | Diet & Exercise | Smoking, Alcohol, Substance Misuse | Health Promotion / NHS Screening
Health Promotion / NHS Screening
Patient perceptible to falls and number in last year
All cytology results
Cervix screening status
**** Sexual Health ****
Diabetic
Dental and Oral health maintenance has been discussed
Breast screening status
Bowel cancer screening status
Aortic aneurysm
Health promotion
ECG | Bloods / Investigations | Respiratory | Heart / Chest | Abdominal | Central Nervious System | Overall Physical Health O...
ECG
ECG results record in the patients record **Add in the ECG Uploaded docs in view**
ECG Observations
16 Oct 2018 QT interval duration (Xa7s5) 12 ms
ECG should be carried out:
- If specified in the SPC;
- Where physical examination has identified specific cardiovascular risk such as diagnosis of high blood pressure;
- If there is a personal history of cardiovascular disease;
- In individuals with pre-existing cardiovascular disease or at risk of Torsade de pointes;
- If concomitant drug therapy* reduces heart rate (e.g., beta blockers, digoxin), is associated with Torsade de pointes, prolongs QTc (e.g.Citalopram) or causes other significant ECG changes;
- If there are disturbances in metabolic status which would result in increased cardiac risk e.g., Hypokalaemia, Hypocalcaemia, Hypomagnesaemia, Hypothyroidism;
- Patient is admitted to an inpatient ward and is on an antipsychotic;
* Ask a pharmacist if unsure or for further information.
Please state the following (please note QT/QTc interval is the most important with regards anti-psychotic drug therapy)
* If QT interval corrected using another calculator please state which calculator used e.g. Bazett
QT interval
QT interval duration ms
Pulse bpm
PR interval duration ms
QRS complex duration ms
Use the 'General Physical Observation' box on the last page to document observations

ECG | Bloods / Investigations | Respiratory | Heart / Chest | Abdominal | Central Nervous System | Overall Physical Health O...

Bloods / Investigations

Click link to view results in iLab iLab Blood test declined

Bloods

Scans

Others investigations

Renal, liver and full blood count: for all patients prescribed regular antipsychotics U+Es, LFTs and FBC are required at baseline and then at least annually thereafter.
Blood lipids: for patients prescribed regular antipsychotics a full lipid profile is needed at baseline, at 3 months and then annually thereafter. All patients who have a diagnosis of a severe mental illness need a full lipid profile at least annually. Patients do not need to be fasted to do a full lipid profile. Please tick the box that states "fasting chol/trig/HDL" for a full lipid profile to be reported - please note you do not need fasting bloods for a full lipid profile. The blood request forms haven't yet been updated to reflect this.

Please calculate QRISK using QRISK2 tool where appropriate and state value here if done in percentage. NB: Threshold for intervention is 10% QRISK2 Calculator...

Please complete a cardiometabolic management plan below if required.

Plan

ECG | Bloods / Investigations | Respiratory | Heart / Chest | Abdominal | Central Nervous System | Overall Physical Health O...

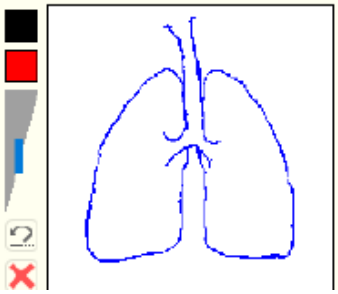
Cardiorespiratory

Respiratory rate		breaths/min	
Peak expiratory flow rate		L/min	
Peak expiratory flow rate		L/min	

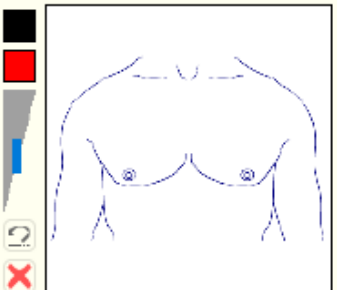
Respiratory observation

General cardiovascular observations

Lungs



Chest



Heart / Chest

Heart sounds normal ☐
Heart sounds exaggerated ☐
Heart sounds diminished ☐
O/E - 1st heart sound split ☐
O/E - 2nd heart sound split ☐
O/E - opening snap heard ☐

O/E - ejection click heard ☐
O/E - gallop rhythm present ☐
O/E - heart sounds NOS ☐
O/E - third heart sound ☐
O/E - cardiac murmur ☐

Heart rate ☐ EPM

Pulse rate ☐ bpm

O/E - heart sounds

Observation of heart rhythm

O/E - chest examination normal ☐
O/E - coarse crepitations ☐

O/E - expiratory wheeze ☐

O/E - chest findings

ECG | Bloods / Investigations | Respiratory | Heart / Chest | Abdominal | Central Nervious System | Overall Physical Health O...

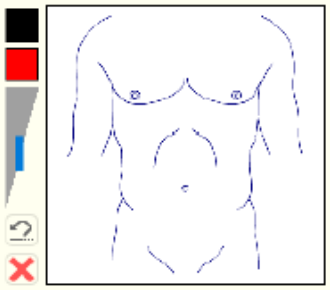
Abdominal

Abdomen examined - NAD ☐
Left inguinal hernia ☐
Right inguinal hernia ☐
Femoral hernia ☐

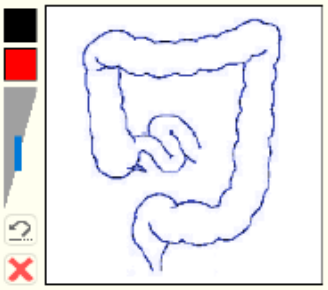
Abdominal tenderness ☐
[D]Bowel sounds abnormal ☐
[D]Liver enlargement ☐
O/E - splenomegaly ☐

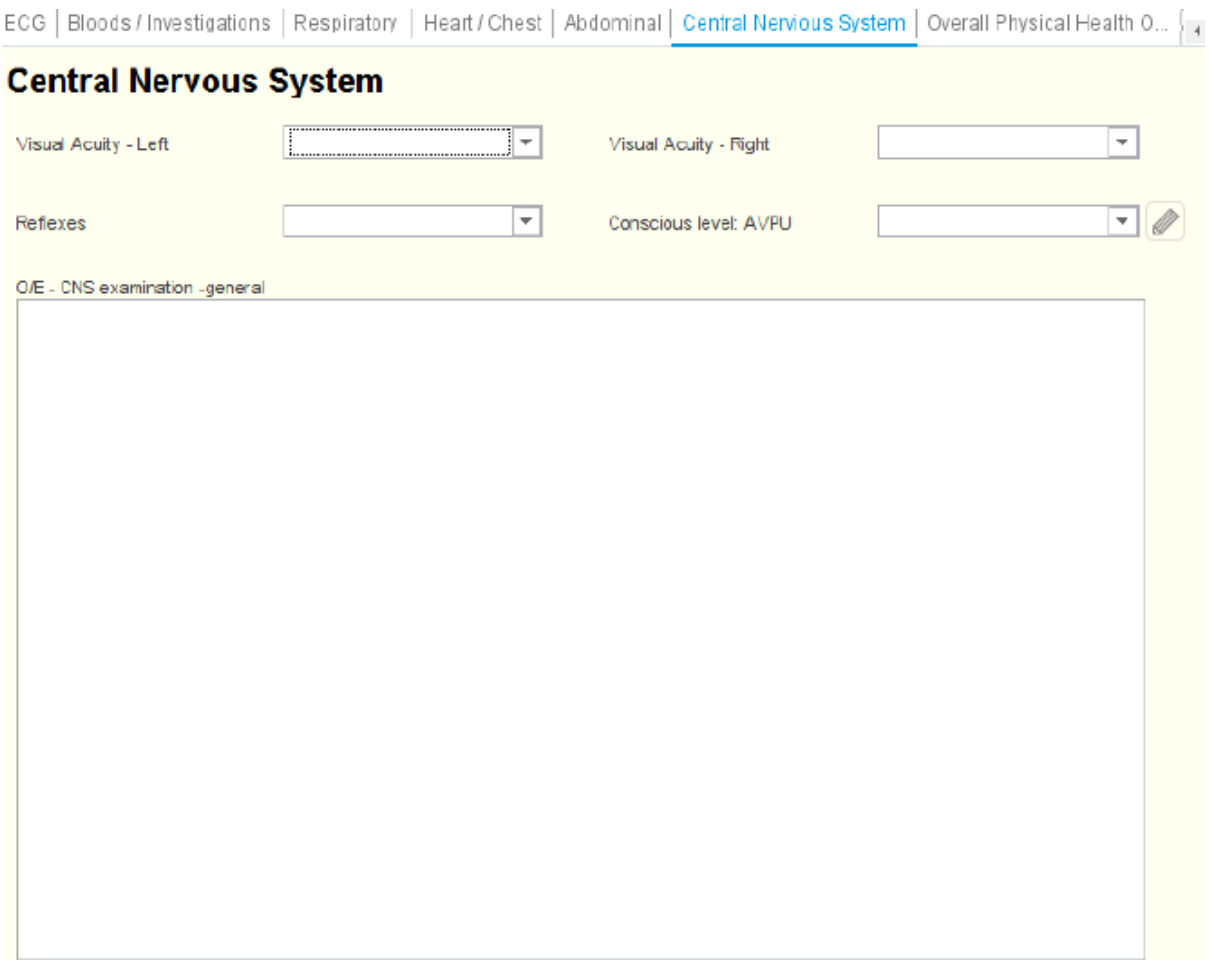
Examination of abdomen

Abdomen



Bowel



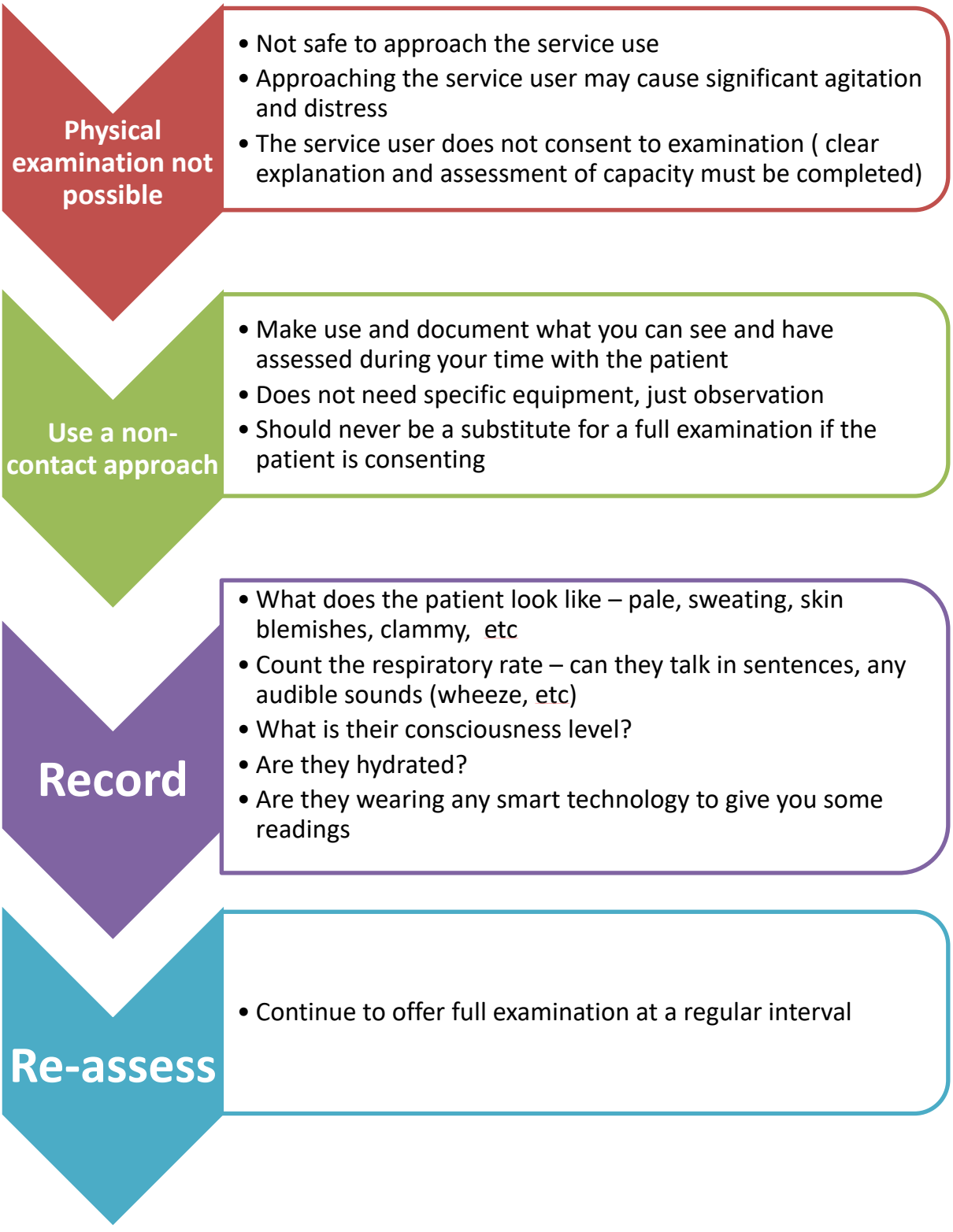

ECG
Bloods / Investigations
Respiratory
Heart / Chest
Abdominal
Central Nervous System
Overall Physical Health O...
Central Nervous System
Visual Acuity - Left
Visual Acuity - Right
Reflexes
Conscious level: AVPU
O/E - CNS examination -general

Appendix 3: Medical equipment needed for examination

All equipment should be available on inpatient wards

Item	Usage
Blood Glucose Monitoring (BM) machine	Monitoring blood glucose levels
Disposable gloves	Personal protective equipment
Examination couch	Should be adjustable and weight appropriate
Neurological testing pins	Testing sensation
Ophthalmoscope	For eye examination
Otoscope	For ear examination
Pregnancy test	Assessing pregnancy status
Pulse oximeter	Peripheral oxygen saturations
Sphygmomanometer	Blood pressure measurement
Stethoscope	Auscultation
Tendon hammer	Reflex assessment
Thermometer	Temperature measurement
Urinalysis sticks	Urine assessment
Weighing scales	Weight monitoring

Appendix 4: Non-contact examination



Appendix 5: Investigations

Laboratory tests are essential for the diagnosis, monitoring and management of many conditions. However, laboratory tests do not provide clinical value in every scenario, and in some cases, may even cause harm. Before a laboratory test is requested, clinicians should consider the aim of the test and have a clear understanding of how the result will be interpreted and how the patient's management will be affected by the result. Understanding the clinical situations where laboratory testing may be problematic can help to improve the overall approach to testing. Before requesting a laboratory test it may be helpful for clinicians to consider their answers to the following questions:

- What is my reason for requesting this test?
- Will the test improve patient care?
- Is this the right test or combination of tests for the clinical situation?
- How will the test result be interpreted?
- How will the test result influence patient management?
- Are there potential harms of doing this test?

This list of potential investigations is not a comprehensive list and it is important to note that some physical health conditions and medications require specific monitoring.

FBC

U&E

CRP

HbA1c

LFT

TFT

Lipid Profile (Total cholesterol, HDL, LDL, Trigycerides)

Gamma GT

Bone profile

Haematinics

ECG

CXR

Urinalysis

Urine Drug Screen

Pregnancy test

Appendix 6 - The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	☐x
Respond to different needs of different sectors of the population	☐x
Work continuously to improve quality services and to minimise errors	☐x
Support and value its staff	☐x
Work together with others to ensure a seamless service for patients	☐x
Help keep people healthy and work to reduce health inequalities	☐x
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐x

Appendix 7 Training Requirements

Training Needs Analysis

Training Required		NO
Training topic:		
Type of training: (see study leave policy)	☐ Mandatory (must be on mandatory training register) ☐ Role specific ☐ Personal development	
Division(s) to which the training is applicable:	☐ Adult Mental Health & Learning Disability Services ☐ Community Health Services ☐ Enabling Services ☐ Families Young People Children ☐ Hosted Services	
Staff groups who require the training:	*Please specify…*	
Regularity of Update requirement:		
Who is responsible for delivery of this training?		
Have resources been identified?		
Has a training plan been agreed?		
Where will completion of this training be recorded?	☐ ULearn ☐ Other (please specify)	
How is this training going to be monitored?		

Appendix 8 – Stakeholder and consultation

Key individuals involved in developing the document

Name	Designation
Girish Kunigiri	Consultant Psychiatrist
Rebecca Hall	Medical Lead for Physical Health, GP

Circulated to all the following individuals for comment

Name	Designation
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Claire Armitage	Deputy Head of Nursing - DMH
Zayad Saumtally	Head of Nursing - FYPCLD
Carl Lomas	Quality and Data Analyst
Margot Emery	Head of Nursing - CHS
Dave Clark	Lead for R&D