

Self-harm (PIP)

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The following guidance is taken from the Partners In Paediatrics (PIP)

Self-harm 2018–20

SELF-HARM

*Always follow your local child safeguarding policies and procedures.
The safety of children is everyone's responsibility*

- Self-harm can take a number of forms, including:
 - cutting or burning
 - self poisoning with medicines or tablets
 - punching
 - self strangulation
 - pulling out hair or eyelashes
 - scratching or picking at skin
 - inhaling or sniffing harmful substances
 - swallowing non-food substances
 - inserting objects into the body either through orifices or the skin
 - head banging

ASSESSMENT

- Identifying behaviour, intended behaviour or suicidal/self-harming thoughts
- Who knows about the behaviour
- How often this occurred
- If at risk from others
- Stressors e.g. bullying, bereavement, relationships
- Difficulties, abuse, sexuality issues
- General health
- Use of drugs and alcohol
- Education
- Family and social issues
- Support network available
- Child protection issues

MANAGEMENT

- Patients who have self-harmed, admit overnight or contact CAMHS crisis team for advice, if available in your trust
- See **Poisoning and drug overdose** guideline
- Advise carers to remove all medications or other means of self-harm
- Manage child protection issues according to local policy and procedures. On-call consultant available 24 hr for child protection advice
- Assess risk/need for ongoing psychological treatment or support and psychiatric observation levels required whilst on ward
- Obtain valid consent for a referral to CAMHS from parent/other adult with parental responsibility or the young person if they are deemed to have capacity (Gillick competence). Clearly document in medical records who obtained consent, who gave consent and when it was obtained i.e. date and time

Documentation

- Clearly document assessment in notes with any decisions made and reasons

REFERRALS

Criteria for referral to priority referral team (PRT)

- Deliberate self-harm (e.g. overdose, self strangulation, serious cuts)
- Deliberate harm from substance misuse (e.g. poisoning from excessive alcohol and/or illicit drugs if intention was to self-harm)
- Mental health symptoms:
 - depression/low or elevated mood with active suicidality
 - psychotic symptoms
 - aggression or severe agitation

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- low weight anorexia nervosa i.e. BMI <15 or accompanied by rapid weight loss
- [Make referral as soon as possible to facilitate same day review](#)

DISCHARGE AND FOLLOW-UP

- Discharge when medically fit **and** have been assessed by PRT
- Discuss with CAMHS to ensure child has an agreed [management](#) plan in place
- If there are safety concerns, refer to children's social care
- Ensure health professionals i.e. GP and school nurse are aware of admission and management plan