

MEDICALLY SERIOUS SELF-HARM IN YOUTH REQUIRING ICU ADMISSION

CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

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REPORTING INFORMATION

(To be completed by the CPSP)

Report number: _____

Month of reporting: _____

Province: _____

Today's date: _____

**Please complete the following sections for the case identified above.
Confidentiality of information will be assured.**

CASE DEFINITION FOR MEDICALLY SERIOUS SELF-HARM IN YOUTH REQUIRING ICU ADMISSION

Report any new patient less than 18 years of age (**up to 18th birthday**) presenting with **BOTH** of the following criteria:

1. A confirmed or suspected self-harm or suicide attempt (any form of self-poisoning or self-injury regardless of the degree of intent to die)
AND
2. Admitted to an intensive care unit (ICU) at any time during a hospital admission (for any duration)

Exclusion criteria

Accidental poisoning (e.g., intoxication) or injury

Please note: If you are not able to determine if the injury was accidental, please use your best clinical judgment and report the case if intentional self-harm is suspected.

SECTION 1 – DEMOGRAPHIC INFORMATION

- 1.1 Date of birth: ____/____/____
 DD MM YYYY
- 1.2 Sex: Male____ Female____ Other____
- 1.3 Ethnicity (check all that apply): Caucasian____ Asian____ Black____ Chinese____ Filipino____
 Japanese____ Korean____ Latin American____ South Asian (e.g., Bangladeshi)____
 Southeast Asian (e.g., Vietnamese)____ West Asian (e.g., Afghan)____ First Nations____ Inuit____ Métis____
 Other (specify): _____ Unknown____
- 1.4 Please indicate the first three digits of the postal code of your practice: ____ ____ ____
- 1.5 Was the patient born in Canada? Yes____ No____ Unknown____
- 1.6 Does the patient have refugee status? Yes____ No____ Unknown____
- 1.7 Where or with whom does the patient live the majority of the time?
____ Both biological parents
____ One biological parent: Is there a step-parent? Yes____ No____ Unknown____
____ Adoptive parent(s)
____ Same-sex parents
____ Non-parental guardian (e.g., foster parent, grandparent) (describe): _____
____ Group home or residential treatment ____ Detention centre ____ No fixed address/shelter
____ Other (describe): _____
____ Unknown
- 1.8 Does the patient identify as:
Heterosexual____ Gay or lesbian____ Bisexual____ Transgender____ Unknown____
- 1.9 Has child protection/welfare ever been involved with this family? Yes____ No____ Unknown____

- 1.10 Has the patient been a victim of abuse (physical or sexual) or other maltreatment (e.g., verbal abuse, neglect)?
 No evidence of this
 Confirmed (e.g., abuse history disclosed)
 Suspected (abuse history suspected by responding clinician and/or others, but no evidence)
 Unknown (responding clinician cannot confirm or rule out)

SECTION 2 – CLINICAL FEATURES OF SELF-HARM EPISODE

- 2.1 Date of self-harm: / Unknown
MM YYYY
- 2.2 Please indicate if this case is confirmed self-harm or suspected self-harm
- 2.3 Please indicate the mechanism of medically serious self-harm:
 Hanging
 Suffocation
 Overdose of illegal drugs (state type of drugs): _____ Unknown
 Overdose of prescription medication (state medication names): _____ Unknown

If yes, was it the patient's own medication? Yes No Unknown
 Poison ingestion (state type of poison): _____ Unknown
 Firearm
 Driving motor vehicle
 Drowning
 Laceration or puncture with sharp object
 Jumping from height Walking/jumping in front of train Walking into traffic
 Immolation (setting oneself on fire)
 Other (describe): _____
 Unknown
- 2.4 Was there evidence of substance intoxication or withdrawal at time of self-harm episode (e.g., clinical presentation or urine/blood toxicology screen)? Yes No Unknown
- 2.5 Either before or after self-injury, did the patient leave evidence of possible intent (e.g., disclose a wish to die, leave a suicide note, post farewell on social media, or leave advanced instructions or evidence of planning)?
 Yes No Unknown
If yes, please specify: _____
- 2.6 Please check all of the following stressful life events identified as possible precipitants to the self-harm episode:
 Romantic relationship crisis (e.g., break-up)
 Peer conflict (including bullying and social media/internet harassment)
 Family conflict (e.g., divorce)
 Academic difficulty (e.g., suspension)
 Sexual orientation and/or gender identity crisis (e.g., “coming out”)
 Recent suicide/s at school and/or in local community
 Abuse (physical, sexual, and/or verbal)
 Other (please indicate): _____
 Unknown

SECTION 3 – PSYCHIATRIC HISTORY

- | | Yes | No | Unknown |
|---|-------|-------|---------|
| 3.1 Has the patient had a psychiatric assessment in the past? | _____ | _____ | _____ |
| 3.2 Does the patient have a previous diagnosis of a psychiatric disorder? | _____ | _____ | _____ |

If yes, select all that apply:

- Anxiety disorder
- Depressive disorder
- Bipolar disorder
- Schizophrenia or other psychotic disorder
- Attention-deficit hyperactivity disorder
- Oppositional defiant or conduct disorder
- Autism spectrum disorder
- Obsessive compulsive disorder
- Trauma or stress-related disorder (e.g., PTSD)
- Chronic pain disorder
- Other (please indicate): _____

		Yes	No	Unknown
3.3	Does the patient have a history of substance use?	_____	_____	_____
3.4	Was the patient prescribed psychiatric medication prior to the self-harm episode?	_____	_____	_____
3.5	Does the patient have a previous history of non-suicidal self-injury (e.g., cutting)?	_____	_____	_____
3.6	Does the patient have a previous history of suicide attempt?	_____	_____	_____
	<i>If yes, was the most recent attempt within 12 months PRIOR to this ICU admission?</i>	_____	_____	_____
	<i>If yes, please indicate the number of previous suicide attempts? _____</i>			
3.7	At the time of this ICU admission, was the patient under the care of a psychiatrist, social worker or other mental health professional?	_____	_____	_____
3.8	Was the patient on a wait-list for mental health services at the time of this ICU admission?	_____	_____	_____
3.9	Did the patient seek help from mental health services or present to the emergency room with a mental health problem in the <u>three months</u> prior to this ICU admission?	_____	_____	_____
3.10	Were the parents/guardian/caregiver aware that the patient was considering suicide?	_____	_____	_____

SECTION 4 – FAMILY HISTORY

		Yes	No	Unknown
4.1	Is there a family history of psychiatric disorders (including substance disorders) in either biological parent or a sibling?	_____	_____	_____
	<i>If yes, please specify the diagnosis(es): _____</i>			
4.2	Is there a known history of suicide attempts in either biological parent or a sibling?	_____	_____	_____
4.3	Is there a known history of completed suicide in either biological parent or a sibling?	_____	_____	_____

SECTION 5 – MEDICAL HISTORY

		Yes	No	Unknown
5.1	Does the patient have a pre-existing medical illness?	_____	_____	_____
	<i>If yes, specify the diagnosis(es): _____</i>			
5.2	Does the patient have an intellectual disability?	_____	_____	_____
5.3	Does the patient have a learning disorder?	_____	_____	_____

SECTION 6 – MANAGEMENT AND OUTCOME

6.1	Type of ICU admission: Paediatric ICU _____ Adult ICU _____				
6.2	Treatment provided during ICU admission:	Yes	No	Unknown	Not applicable
	Ventilation (e.g., invasive or non-invasive)	_____	_____	_____	_____
	Hemodynamic support (e.g., cardiac pacing or inotropes infusion)	_____	_____	_____	_____
	Dialysis (e.g., intermittent haemodialysis or peritoneal dialysis)	_____	_____	_____	_____
	Surgery	_____	_____	_____	_____

	Yes	No	Unknown	Not applicable
Exchange transfusion	___	___	___	___
Use of any antidote (for non-accidental ingestion)	___	___	___	___
Other (specify): _____				

	Yes	No	Unknown
6.3 Did the patient see a psychiatrist during this admission for self-harm?	___	___	___
6.4 Length of stay in ICU (circle days or weeks): ___ days/weeks			
6.5 Outcome of ICU admission:			
Patient still admitted to ICU ___ Death ___ Unknown ___ Discharged from ICU ___			
<i>If discharged from ICU:</i>			
___ Discharged home			
___ Discharged to paediatric inpatient bed			
___ Patient still admitted			
___ Patient transferred to psychiatric bed			
___ Length of stay in paediatric inpatient bed (circle days or weeks)			
___ Discharged to psychiatric bed			
___ Patient still admitted			
___ Length of stay in psychiatric bed (circle days or weeks)			
___ Other (e.g., long-term care facility) (specify): _____			
6.6 At the time of discharge from ICU, did the patient have permanent impairment from the episode of self-harm (e.g., neurological deficits, cognitive impairment, or organ damage requiring long term treatment)?			
Yes ___ No ___ Unknown ___			
<i>If yes, specify:</i> _____			

SECTION 7 – DISCHARGE PLAN

	Yes	No	Unknown
7.1 Was the patient referred for follow-up with a psychiatrist?	___	___	___
7.2 Was the patient referred for follow-up with a mental health professional other than a psychiatrist (e.g., social worker)?	___	___	___
7.3 Was the patient prescribed psychiatric medication at the time of discharge?	___	___	___
<i>If yes, which of the following health care professionals will manage the patient's psychiatric medication/s after discharge?</i>			
Family Physician ___ Paediatrician ___ Psychiatrist ___ Nurse Practitioner ___			

___ I agree to be contacted by the CPSP for further information on this questionnaire.

___ I do not wish to be contacted by the CPSP for further information on this questionnaire.

SECTION 8 – REPORTING PHYSICIAN

First name _____ Surname _____

Address _____

City _____ Province _____ Postal code _____

Telephone number _____ Fax number _____

E-mail _____ Date completed _____

Thank you for completing this form.