

Name:

NHS Number:

Dynamic Support Database Clinical Support Tool (Child)

Question	Options	Possible Score	Risk score	Details/ comments
Type of Accommodation	Hospital			
	Living independently			
	Living with parents/carers			
	Nursing home			
	Residential accommodation			
	Supported living			
	Other			
Name of current provider				
Deprivation of Liberty (DOLS)	Yes			
	No			
Is the CYP of CIN, CP, or LAC Status?	Yes			
	No			
Any significant life events in the last 6 months? If so please specify details.	Yes	2		
	No	0		
Does the CYP have an unstable or untreated mental health condition?	Yes	3		
	No	0		
Does the CYP have an unstable or untreated physical health condition?	Yes	2		
	No	0		
Has the CYP had previous admissions in the last 2 years?	Yes	1		
	No	0		
Date of previous admissions				
Does the CYP present significant behavioural problems?	Yes	3		
	No	0		
Is the CYP being supported in an unstable environment or by a changing staff team?	Yes	3		
	No	0		
Is the CYP previously known to LD-CAMHS/CAMHS?	Yes			
	No			
Is the CYP in contact with the criminal justice system?	Yes	2		
	No	0		

Has the CYP presented in crisis at either: Accident and Emergency, or Emergency Social Care Provision in the last month?	Yes	2		
	No	0		
Does the CYP have family/carers/advocates?	Yes			
	No			
Does the CYP have a history of Drug or Alcohol misuse, in the last two years?	Alcohol	2		
	Drugs	2		
	Both	2		
	Neither	0		
Has the transition from LD-CAMHS/CAMHS to CLDT/AMHT started and if so has it been effective?	No	1		
	Yes	0		
	Not applicable	0		
Is the CYP placed in specialist 38 or 52 week residential school or other specialist educational provision?	Yes	1		
	No	0		
Has the CYP recently left a residential school in the last 2 years?	Yes	2		
	No	0		
Total		0 - 4 = Green		
		5 - 7 = Amber		
		8+ =Red		

Blue Light

If admission cannot be avoided where will admission take place?		If other please specify name and address	
MDT Meeting Date			
Avoidance Admission Meeting Date			
Care, Education and Treatment Review Date			
Revised RAG Rating			
Post Admission Care and Treatment Review Date		Admission Date	
Planned Discharge Date		Actual Discharge Date	

Completed by

Completed by (Clinician)	
Date Completed	