

VISA Assessment Tool



University Hospitals of
Derby and Burton
NHS Foundation Trust

Patient name: _____ Hospital No: _____ D.O.B.: _____ <i>or patient sticker</i>	Circle	VISA Assessment – notes
	V	V iolent Method/PMHx or Pre-planned
	I	I rrational, psychotic or hallucinating
	S	S uicidal intent remains
	A	A lone (in department or at home)

Appearance (e.g. descriptors and clothing): What triggered the presentation:	Circle	VISA Assessment – notes	
	A	Dressed appropriately	Y/N
	V	Anxious/Distressed	Y/N
	P	Inappropriate behaviour	Y/N
	U	Quiet/Withdrawn	Y/N
		Attentive/Cooperative	Y/N
		Presentation as per patient norm	Y/N
		Plans to hurt self/others	Y/N
		Is the patient willing to stay *	Y/N
* If 'N' complete a mental capacity assessment MCA			

“Is there anything we could do to make you feel safer?”

E.g. does the patient have medications or potential weapons with them that they'd like removed?

Comment: _____

Intoxicated? (Alcohol or drugs)	Y/N	Physical cause(s) excluded?	Y/N
Fit to undertake a mental state examination?	Y/N	MH Liaison team needed?	Y/N
Is a Section 136 in place?	Y/N	Police present?	Y/N

Risk Level (circle):

Calm, Passive Thoughts, Active Plans, Immediate Concerns

Plan

Engagement Frequency: 30mins or bespoke..... (Ensure patient knows checks will be made)
If the patient is moved to another area or their behaviours change from those documented above, a reassessment must be completed.

MCA	Does the person have an impairment / disturbance of the function of the mind or brain?		Y/N
Does the person understand the information given to them?	Y/N	Can the person retain information?	Y/N
Can the person weigh up information?	Y/N	Can the person communicate their views and needs?	Y/N
MCA completed by Name:	Signature:	Time and Date:	
VISA completed by Name:	Signature:	Time and Date:	

Mental Health Presentation Engagement Record

Patient name: _____

Hospital No: _____

Date: _____

D.O.B.: _____

or patient sticker

Engagement Frequency: 30mins or bespoke.....

"How are you feeling?"

Mental State	Changes to previous behaviours? Y / N					
Time:	Calm	Distressed	Agitated	Aggressive	Withdrawn	A V P U
Comments/actions						
Deteriorations must be highlighted to the Nurse in Charge. Needed Y / N						

Mental State	Changes to previous behaviours? Y / N					
Time:	Calm	Distressed	Agitated	Aggressive	Withdrawn	A V P U
Comments/actions						
Deteriorations must be highlighted to the Nurse in Charge. Needed Y / N						

Mental State	Changes to previous behaviours? Y / N					
Time:	Calm	Distressed	Agitated	Aggressive	Withdrawn	A V P U
Comments/actions						
Deteriorations must be highlighted to the Nurse in Charge. Needed Y / N						

Mental State	Changes to previous behaviours? Y / N					
Time:	Calm	Distressed	Agitated	Aggressive	Withdrawn	A V P U
Comments/actions						
Deteriorations must be highlighted to the Nurse in Charge. Needed Y / N						

Mental State	Changes to previous behaviours? Y / N					
Time:	Calm	Distressed	Agitated	Aggressive	Withdrawn	A V P U
Comments/actions						
Deteriorations must be highlighted to the Nurse in Charge. Needed Y / N						