SIMulatED

Royal Darwin Hospital Emergency Department

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# Scenario Run Sheet: Psychiatry: self-harm and borderline PD

## Scenario Overview

**Estimated Scenario Run Time:**  20-25 mins

**Estimated Guided Reflection Time:** 30-40 mins

**Target Group:** ED Registrars and Nurses

**Brief Summary:** 19yo woman presents with self-inflicted lacerations and alcohol intoxication after a relationship breakdown. Requires rapport building in order to conduct medical and mental state examinations, followed by referral to mental health team.

## Learning Objectives

\*To understand the core principles of managing a patient with borderline personality disorder in crisis:

* Supportive and non-reactive manner despite patient’s hostility and emotional lability
* Use of interpersonal skills and psycho-education strategies to therapeutic effect;
* Understanding of verbal de-escalation strategies and appropriate use of medication where necessary;
* Management of self-harm in context of chronicity of ideation and countertransference;

\*Demonstrate ability to conduct focussed medical and mental state examinations and provide succinct handover to mental health team

## Equipment Checklist

**Equipment**

Portable BP/SaO2 machine, blood alcohol meter

**Medications and Fluids**

Diazepam tabs, droperidol, midazolam im

**Documents and Forms**

ED nursing chart, ED green sheet, ROI form

**Diagnostics Results**

BAL – 0.18

## Scenario Preparation/Later Parameters

**Initial Later**

GCS **15**  Actual vitals GCS **15**  Actual vitals

**Live simulated patient**

New left forearm superficial lacerations. Multiple old healed forearm lacs

## Participants

**Staff Confederates**

ED Registrar x1 Patient

ED RN x1 MHET team psychiatry nurse

**Instructor Roles**

- Provide the team with clinical signs

## Candidate Instructions/Triage Information

It is 1 am. You have gone to the Oleander room to see a patient after you heard yelling and thumping on the door. The green sheet states “Triaged 1 hour ago ATS 3, BIBA self-inflicted lacerations to forearm, alcohol ++”

## Patient and confederate instructions

Ranelle, 19yo

Boyfriend Carter messaged her earlier in the evening to break up with her. Proceeded to drink a cask of wine in her bedroom and proceeded to bombard him with text messages. Used a piece of broken glass to inflict multiple lacerations to the left forearm during the crisis (“to feel the pain”). Culminated in texted suicide note at 1am (shows msg on phone if requested). Had taken 6 paracetamol and 4 ibuprofen at 10pm. Boyfriend called SJA who presented to the house. Found distressed intoxicated woman who co-operated with forearm dressings and being conveyed to ED. Non-one else at home -family friend on night shift.

Admits to chronic feelings of emptiness, recurrent abandonment (“he left me just like all the others”, “Dad“Linda is kicking me out and I don’t even have a job”, “Dad drank himself to death”), suspicion of betrayal (“bet he’s been sleeping with Darla”). No physical health issues at present. Admits to chronic thoughts of ambivalence towards life “might as well be dead”, no plans recently until tonight, “why does it always end like this?”. Unable to promise she will stop cutting herself but states she does not want to kill herself if specifically asked.

**SHx** Moved to Darwin from the Gold Coast 3 months ago after falling out with her mother (“ came to look for work”). Mother arranged temporary housing with good friend Linda who works for Darwin Gaol (“might keep me on the rails”). Has been asked to find another place to live (“it’s not working out anymore; she’s a f\*\*\*ing taskmaster”). Left school after year 10. Occasional casual retail work but never longer than 4 months; “looking for work in Darwin”. No siblings or children.

Father died “from drinking” 4 years ago. Never had discussion with either parent about his mental health issues, but “he was probably depressed”.

**Med Hx** – No meds, NKDA. Previous chlamydia, inconsistent use of condom, no current STI symptoms, LMP 2 weeks ago. Smokes 5-10 cigarettes daily (too expensive), drinking cast chardonnay in binge pattern,increasing recently to 2 L every weekend. Has tried recreational drugs in the past but “not really my thing”. ADT given 4 y ago

**Psych Hx** - Cutting behaviour began after father’s death when she was 14yo. “Pain helps me feel something”. Several presentations to GCH with self-inflicated lacerations to forearms; one OD of paracetamol and alcohol last year after a fight with her mother but “only took 10”. Brief admission to psych ward at GCH and trial of antidepressant after but “didn’t agree with me” and ceased meds herself soon after (sertraline). Non-compliant with followup in the community- “waste of time”. Mistrusts mental health services. No prior contact with TEHS Mental health team

**Mother, Linda uncontactable by mobile. Refuses to give contact details for Carter “F\*\*\*ing bastard”**

## Proposed Scenario Progression

* Patient is initially agitated and intoxicated (alcohol), angry at being in hospital, waiting, “no-one is helping me”. Is mistrustful, tearful and labile when interviewed but rapport is eventually established if staff demonstrate appropriate approach.
* If offered, refuses all medications to calm her
* Allows examination of the injured arm after initial minimisation/refusal
* Unable to contact NOK by phone and refuses to give contact details for ex BF
* If requested, grudgingly agrees to sign ROI form for QLD medical records
* Wounds require dressing only – cooperates with dressing but significant pain behaviour
* Agrees to be assessed by the MH team

## Debriefing/Guided Reflection Overview

**General Opening Questions**

* Who has encountered patients like this before?

**Scenario Specific Questions**

* What were you looking for during your assessment given the prehospital information?
* What approach did you take in managing Ranelle’s behaviour? What were some of the challenges you faced in trying to assess her?
* How concerned were you that she was a risk for absconding / suicide?
* What options did you have for finding out more information about her past mental health issues?

**General Wrap-Up Questions**

* What did you find most beneficial about this scenario?
* What was the most challenging point in this scenario?
* What would you do differently next time?