SIMulatED

Royal Darwin Hospital Emergency Department

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# Scenario Run Sheet: You can’t keep me here!

## Scenario Overview

**SIM Run Time: 20-25mins**

**Estimated Guided Reflection Time: 20-25mins**

**Target Group: ED Nurses and Registrars**

**Brief Summary:** 31M. BIB Friends who have now left. Agitated and aggressive. ICE and alcohol intoxication. Vague, mild confusion, unable to give a clear history of events. Some aspects of presentation to suggest possible delusions. Head injury evidenced by forehead haematoma –unclear mechanism. Requires both pscyh eval and assessment for organic causes for behavioural disturbance (head injury/BSL/Toxidromes/Sepsis etc). Deemed NOT to have capacity for decision making – will try to leave dept and needs verbal de-escalation/po meds/consideration of physical and chemical restraint. FORM 9/section 34 use or Common Law to detain patient for their own safety**.**

## Learning Objectives

Communication with patient – use of empathy/silence/verbal de-escalation strategies.

Interdisciplincary communication and handover using ISBAR priciples

Psychiatric assessment including mental state exam

Priciples of assessing capacity to make decisions

Knowledge of organic causes of confusion/altered behaviour

Utilisation of mental health act for detention of incompetent patients – FORM 9/Section 34

Code Black procedures including knowledge of code black box

Physical restraint with 5 point take doewn

Chemical restraint with po/im/iv options

## Equipment Checklist

**Equipment**

- Obs machine

**Medications and Fluids**

- Code Black Box

**Documents and Forms**

**-** FORM 9 paperwork

- Obs chart

- Triage form

**Diagnostics Available**

- None immediately – patient refuses all

## Scenario Preparation/Baseline Parameters

**Initial Parameters**- Patients own obs throughout

## Participants

**Staff**

**-** Start 1x ED Reg, 1x nurse

- Additional P3 team available if req (2xN, 2xRegs as security)

**Instructor Roles**

- MDS to be actor for scenario

## Additional Information/Medical History

**Demographics**

31M. Unemployed. H/O violence, in prison previously. Recently split from partner. Isolated. Living in a share house in Alawa with 2 friends. No family in Darwin. No children

**HPC**

Suicide attempt by hanging 3 yrs ago, Drug Induced Psychosis – in patient at Cowdy for 1 week – no follow up. ALERT for violence on ED System

**PMH**

Appendicectomy

**Meds**

Takes venlafaxine when remembers ?dose

## Proposed Scenario Progression

Patient brought to ED by a friends (?also ICE intoxicated) who have left

Patient aggressive and agitated ?drugs ?organic cause

Obvious evidence of head injury

Nurse assessment for first few minutes of the SIM – other doctors attending a resus and not immediately available

Pacing, making vague ?delusional statements and possibly suicidal

Admits to a “bender” and “not having much sleep for 3 days”. “She’s a bitch, she’s been taking things from my new place”, “she’s got people following me”, “I wasn’t going to hurt myself for real”

Increasing agitation/swearing but no physical threats

Doctor arrives – required a handover from the attending nurse

Psych and physical assessment including assessment of capacity

Pt will attempt to leave – Common Law or FORM 9, Sec 34

Verbal de-escalation, offer of po meds

Consideration of take down physical restraint and chemical restraint – patient will calm and agree to take meds if this occurs

2 security (ED Regs) and 3 nurses made available for Code Black Planning if requested

Work up for organic causes required – VBG/Bloods/ECG/CTB/Septic workup etc

CATT nurse handover via phone at end of scenario

## Debriefing/Guided Reflection Overview

**General Opening Questions**

* How was the scenario? (each team member reflects)
* What happened in the scenario – i.e. relay the story to a workmate who wasn’t there

**Scenario Specific Questions**

* What was wrong with the patient?
* What medications/investigations may be required?
* Where does the patient need to go?

**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?