Acute Behavioural Disturbance

Case title	Acute Behavioural Disturbance		Sim no.	HST 2
Setting	EDU	Patient age	46	Patient sex	Male

Diagnosis	Acute aggression, taken illicit drugs	Curriculum code	

Equipment required	- Monitoring, IV access kit with blood bottles. - Simulated IV lorazepam, haloperidol.
Staff required	1x senior doctor, 1 x ED nurse, 1 x junior doctor, 1 x junior nurse.
Learning objectives	- Consider the use of appropriate de-escalation techniques. - Move patient to safer area for further management. - Appropriate use of sedation drugs, able to have rationale for use.

INITIAL SETUP

Observations				Arrival route	N/A
HR	Refused			Carers?	N/A
RR	Appears as 30	GCS	Alert Agitated	**Progression:** Despite de-escalation techniques, patient will remain combative. Will need transfer to safe area, and IM or IV sedation.
SpO2	Refused	Pupils	Refused	
BP	Refused	Temp	Refused	
CRT	Refused	Weight	Unknown	
Glucose	Refused			
Equipment on arrival	None	Additional info	Unknown	

Instructions for patient

You have been taking drugs throughout the day.

You have smoked cannabis and black mamba.

You have also been drinking alcohol.

You are agitated, you don't know where you are and remain agitated and confused throughout the scenario (shouting and trying to leave the environment).

Unknown patient.

No PMHx available.

Generic debrief for scenario

There are lots of feedback models that can be used, but immediate feedback is essential to **aid learning,** to help **analyse the process** and **create solutions.**

For feedback to be effective and to improve patient safety overall, feedback should be:

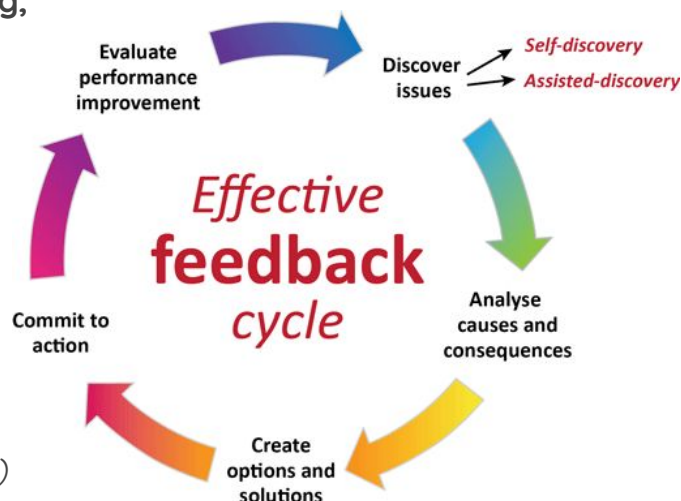**S** = Specific

M = Measurable

A = Achievable

R = Realistic

T = Timely

Example of a feedback model: *(Pendleton's Rules)*

1. Clarify any points of information/fact
2. Ask the learner what s/he did well (ensure that they identify the strengths of the performance and do not stray into weaknesses).
3. Discuss what went well, adding your own observations (if there is a group observing the performance, ask the group what went well – focussing on their strengths).
4. Ask the learner to say *'what went less well'* and *'what they would do differently'* next time.
5. Discuss what went less well, adding your own observations and recommendations (if there is a group observing the performance, ask the group to add their observations and recommendations).

Debrief specific for this scenario

Non-Technical Skills:

1. Clear communication skills with patient and the medical team.
2. Effective body language, tries to come down to level of patient.
3. Rapidly escalates care of patient, and communicates well consistently with all involved.

Technical Skills:

1. Able to perform full capacity assessment, and quickly establishes that patient does not have capacity.
2. Tries de-escalation techniques, and when these fail, moves patient to safer area for sedation/rapid tranquilisation.
3. Considers and looks for causes of agitation e.g. checks blood glucose.