

PRE-HOSPITAL GUIDELINE: Illicit Substance-Induced Aggression and Behavioural Disturbance



Recreational drug toxicity can cause behavioural disturbance or aggression. Drugs commonly associated with agitation or psychosis are amphetamines, caffeine, cocaine, steroids, Phencyclidine (PCP), Lysergic acid diethylamide (LSD) and marijuana.

Agitation (and associated delirium) is often transient and usually caused by direct drug effects on the CNS, however other secondary complications must be observed for and managed eg. Hyperthermia, rhabdomyolysis and dehydration. See *additional flowcharts attached*.

Care of intoxicated or behaviourally disturbed person

A person presenting with severe behavioural disturbance and altered cognition is not competent to make their own decisions regarding their welfare. In an emergency, restraint or sedation may be necessary to address an immediate threat to the life, health or safety of the patient or others if less invasive attempts to calm a patient are not successful. People who are **intoxicated or behaviourally disturbed should not be ejected from venues or discharged from on-site medical care** unless they have been appropriately assessed by the most senior health professional available for medical/toxicological causes. Have a low threshold to arrange transfer of patrons with behavioural disturbance to hospital for further assessment.

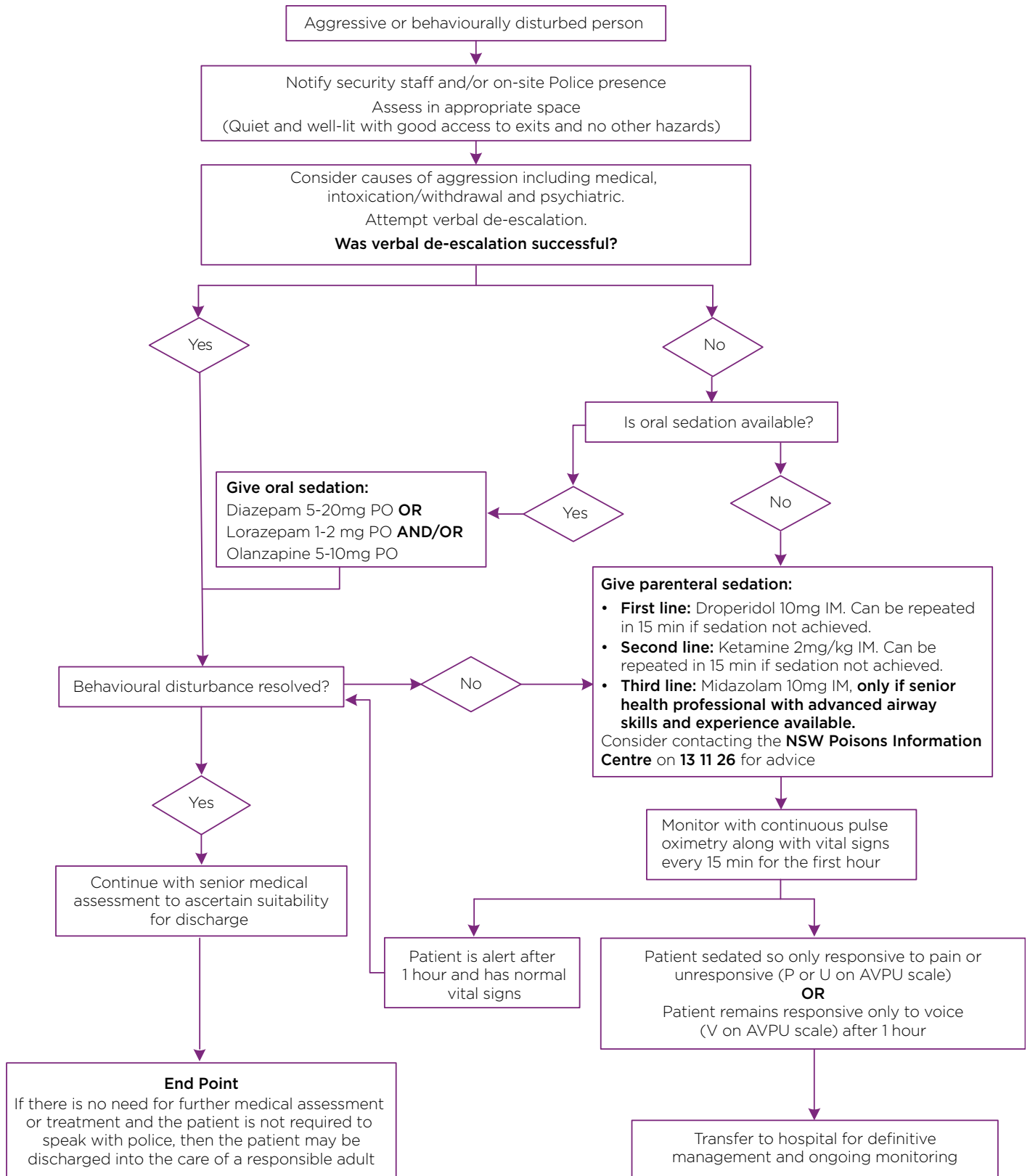
If there is any concern regarding staff or public safety, police or security staff presence may be required to support medical staff. The aim of police or security staff involvement is to protect the safety of the patient and others, enable skilled personnel to assess and treat the patient in a timely manner, and assist with restraint for medical sedation or transfer to hospital if indicated.

If there is no need for further medical assessment or treatment and the patron is not required to speak with police, then the patron can be discharged into the care of a responsible adult.

Pre-Hospital Approach to Aggression and Behavioural Disturbance

1. **Safety** to the individual, the general public and healthcare workers is paramount.
2. **Verbal de-escalation** should be attempted in all cases. Encouraging the person to move to a less stimulating environment may also help.
3. **Avoid prolonged physical restraint**, particularly in people who are hyperthermic. Verbal de-escalation followed by chemical restraint should be used in preference. These patients are at high risk for Agitated Delirium (also known as Excited Delirium Syndrome). This is a syndrome with presence of delirium, psychomotor agitation and physiologic excitation. **There is a high risk for precipitation of cardiac arrest with application of physical restraint in patients with agitated delirium.**
4. A calm, conscious patient who is alert or responds to voice (A or V on AVPU scale) is the aim of sedation.
5. Once the person is settled, assess and manage airway, breathing, circulation, neurological dysfunction, temperature and blood glucose according to Advanced Life Support protocol. Hyperthermia can rapidly progress to a life-threatening situation. *If Hyperthermia is present please refer to the Hyperthermia Guideline.*
6. Monitor and reassess: all patients receiving sedation require continuous oxygen saturation monitoring and vital signs (heart rate, blood pressure, respiratory rate and temperature) every 15 minutes.
7. Any person receiving parenteral sedation in a pre-hospital environment should be assessed by a senior medical officer. If a senior medical officer is not available in the pre-hospital setting then transfer to hospital should be arranged.
8. Identify and treat the cause of agitation if possible. Obtain a brief history if possible (eg. AMPLE); Check medi-alert bracelets; Pills/substances/medicines on person; Signs of injury or focal neurology.
9. Clearly document all relevant history, observations, examination and interventions to facilitate rapid handover at receiving hospital.
10. Assess for signs of toxidromes and consider antidotes as appropriate. N.B. There is a high risk of mixed ingestions.

Pre-Hospital Approach to Aggression and/or Behavioural Disturbance



Clearly document all relevant history, observations, examination and interventions to facilitate rapid handover at receiving hospital