



Calvary

Mater Newcastle

Acute Behavioural Disturbance

Keeping it Safe in the ED

Tracy Muscat
Nurse Manager - Emergency

Continuing the Mission of the Sisters of the Little Company of Mary



Mater Newcastle



- Level 5 Emergency Department
- 34,000 presentations per annum
- Tertiary Referral Facility
 - Hematology
 - Oncology
 - Toxicology
- Co-located Campus with HNE Mental Health Facility

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CMN ED – site for recent research

Isbister G et al.

“Randomized Controlled Trial of Intramuscular Droperidol Versus Midazolam for Violence and Acute Behavioural Disturbance: The DORM Study.” *Annals of Emergency Medicine*, 2010; 56 (4): 392-401

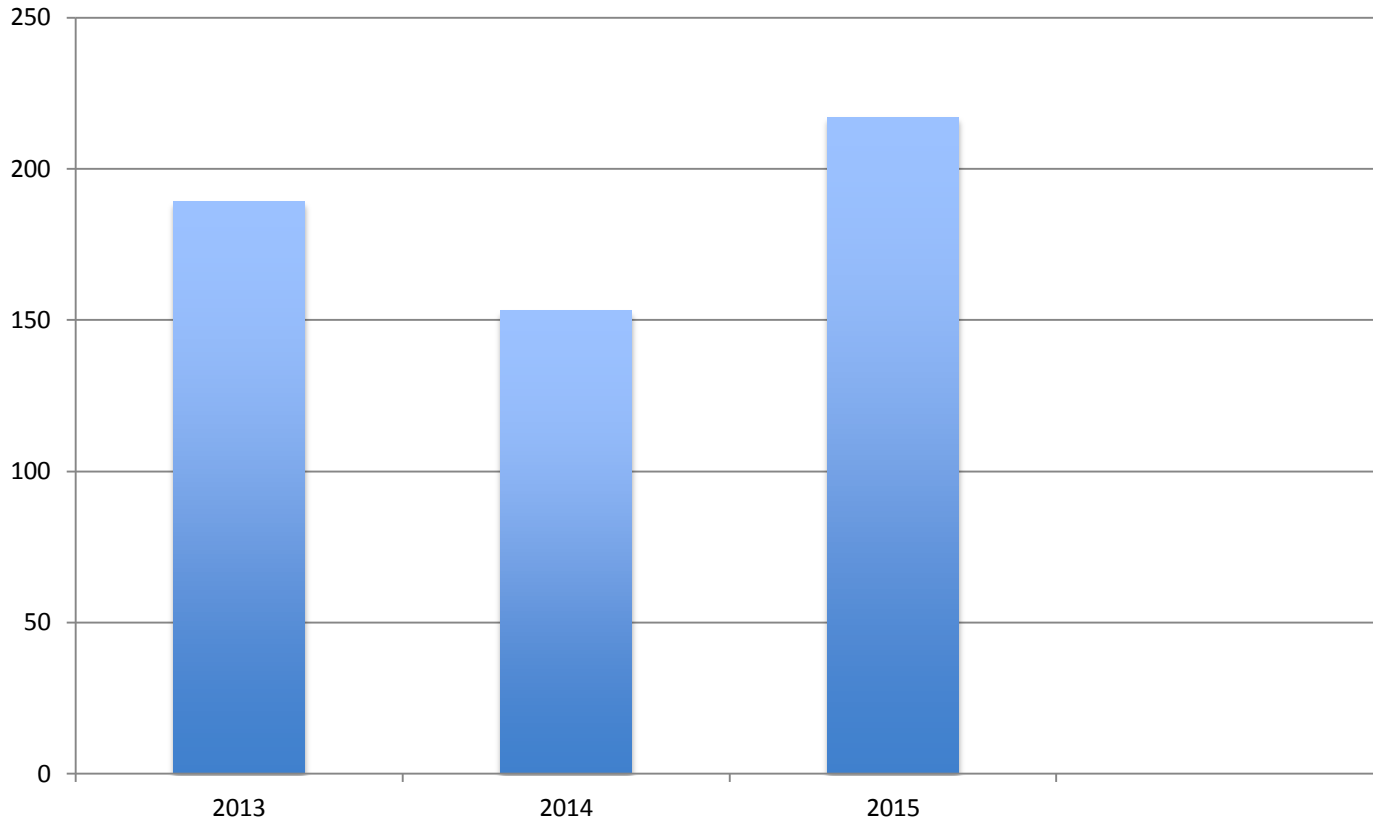
Calver L et al.

“The Safety and Effectiveness of Droperidol for Sedation of Acute Behavioural Disturbance in the Emergency Department.” *Annals Emerg Med*; 2015:

Isbister G, Claver L, Downes M and Page C.

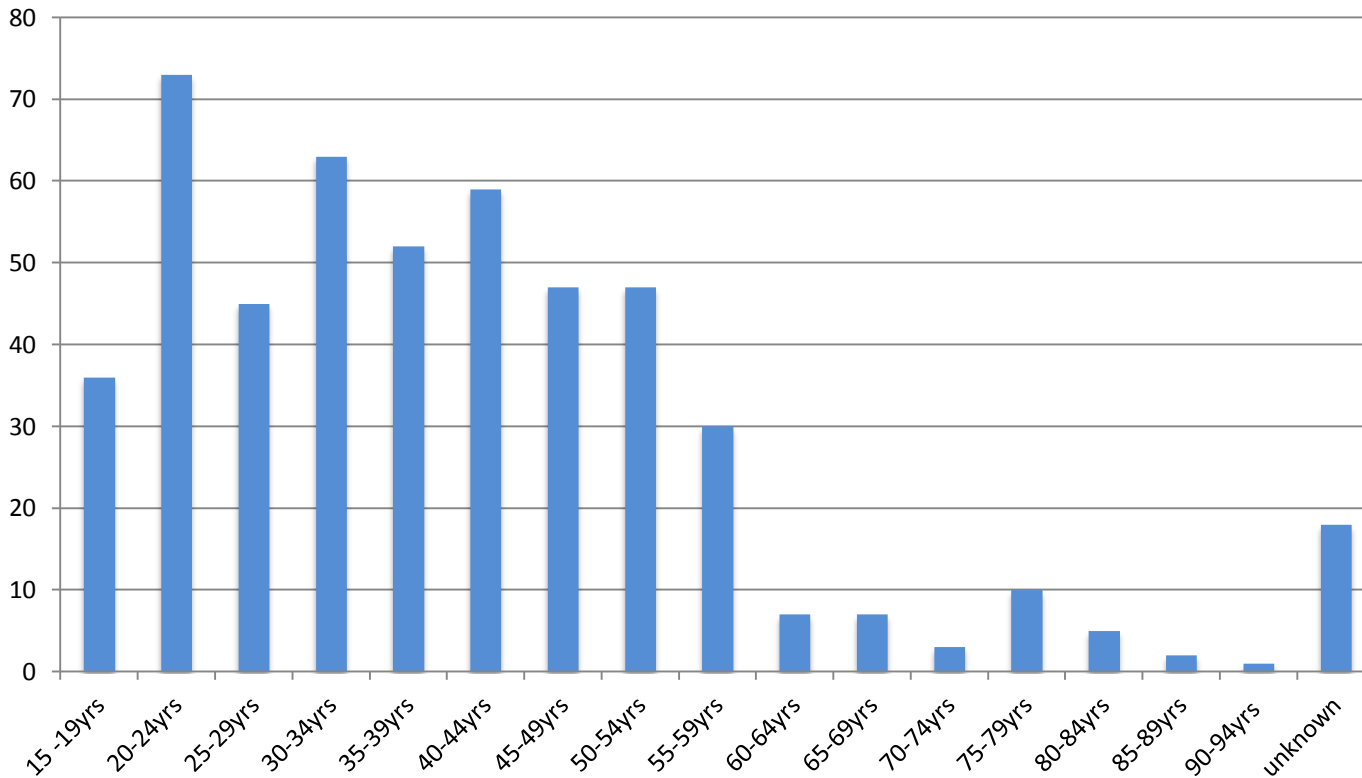
“Ketamine as Rescue Treatment for Difficult-to-Sedate Severe Acute Behavioural Disturbance in the Emergency Department.” *Ann Emerg Med* [dx.doi.org/10.1016/j.annemergmed.2015.11.028](https://doi.org/10.1016/j.annemergmed.2015.11.028)

Number Code Blacks CMN Emergency 2013-2015



Data sources from security / switch calls

IMMS Aggression incidents in Emergency (age break down)



Sources 2013 – 2015 IMMS data Aggression incidents

Managing Acute Behavioural Disturbance is Risky Business

Good Practices Reduce the Risks in the management of ABD



CLINICAL DECISIONS

ENVIRONMENT AND DESIGN

EQUIPMENT

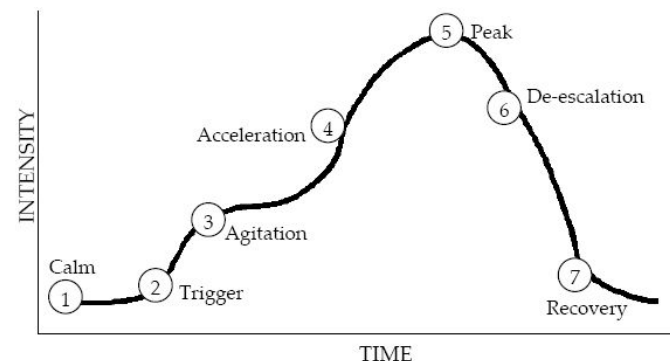
STAFF TRAINING

PROCESSES AND RELATIONSHIPS

CLINICAL DECISION MAKING

Acute Behavioural Disturbance Guidelines

- Clinical approach
- Drug choice
- Assessment tools, screening and Pathway
- Monitoring



ENVIRONMENT AND DESIGN



- Design best practice and principles - not always available within existing builds
- Team Modeling - Using the area you have ABD
 - Space
 - Escape route
 - Number of staff

Seclusion Room ?

Resuscitation Bay – Yes



EQUIPMENT

ED equipment is assessed around safety in consideration for high risk patients

- Beds - fitted out with adjustable manual restrain points
- Restraints are routinely checked
- Manual restraint bed always prepared
- IM Retractable needles
- Duress Alarms



PROCESSES AND RELATIONSHIPS

Code Black

Restraint

Patient Management Plans

Reporting

PROCESSES AND RELATIONSHIPS

Code Black

- Low Threshold for calling Code black
- Clear roles members of the code black team
- Team leader- senior nursing / Medical clinician
- ED Nurses do not “take down”
- Application of restraints and administer medication - Manage head / neck

Restraint *If required*

- Manual until chemical sedation is achieved
- Clinical management- Always managed initially in resuscitation Bay,

PROCESSES AND RELATIONSHIPS

Patient Management Plans

- Individual patient plans for known high risk re presenters with ABD
- Any staff member can “trigger” a request to consider a plan
- Management process to ensure a Management Plan is warranted and appropriate
- Available electronically and reviewed regularly

Reporting

- Reporting culture
- How to improve reporting IMMS – role of security

STAFF TRAINING

- Orientation & Education
- Training
- Skill development /Competency
- Workforce Planning
- Staff Wellbeing



STAFF TRAINING

- De-escalation Training
- Non violent crisis intervention
- Trainer experienced in Emergency
- Restraint Application

Box 2

De-escalation

- Use an empathic non-confrontational approach, but set boundaries
- Listen to the patient, but avoid giving opinions on issues and grievances beyond your control
- Offer food, drink and a place to sit
- Avoid excessive stimulation
- Avoid aggressive postures and prolonged eye contact
- Recruit family, friends, case managers to help
- Address medical issues especially pain and discomfort
- Try to ascertain what the patient actually wants and the level of urgency

Managing aggressive and violent patients
Australian Prescriber 2011;34:115-8 | 1 August 2011 |
<http://dx.doi.org/10.18773/austprescr.2011.061>
Gordian Fulde, and Paul Preisz,

STAFF TRAINING

Workforce Planning

- Cross Training
- Skill Mix



Where to next...

- Work with MH facility to use the secure hold for the ambulance /police arrival of emergency patients with severe ABD.
- De escalation - *Simulation training*
- > 65yrs Challenge - *any volunteers ?*

Key Messages

- Management of ABD in ED is Risky Business
- Good Practices Reduces Risk
- Safety First
- Preparation
- Practice
- Planning

