Investigations for the patient with Mental Health Issues

Sedation Assessment Tool (SAT)

Responsiveness | Speech | Scale
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+3 | Combative / Violent | Cont. Loud outbursts | +1 to +3 Agitated
+2 | V Anxious / Agitated | Loud Outburst
+1 | Anxious / Restless | Talkative
0 | Awake calm | Normal | ZERO
-1 | Alert to voice | Slowed / Slurred | -1
-2 | Physical Stimulation | Few recognisable words | -2 to -3 Sedated
-3 | No response | Nil

Acute Behavioural Disturbance

Evaluate Agitation Scale Sedation Assessment Tool below (Score >+2 or at risk to self or others).
Attempts at verbal de-escalation and offers of oral sedative medications failed / inappropriate.
Recruit appropriate resources with sufficient trained staff wearing appropriate PPE.
Aim for privacy with resuscitation equipment available and remain a patient advocate.
Sedation should be targeted to the level of rousable sleep (-1 on the SAT).
If SAT >+2, in adults administer Droperidol 10mg IMI (nb can be given IV, if access already present, but no significant benefit has been demonstrated).
Observe Respiratory Rate every 5 minutes for 20 minutes.
Administer second dose of 10mg of Droperidol (if necessary) 15 minutes after first dose.
When safe record vital signs and repeat SAT
ECG when patient settled to observe for QT abnormality.

Mental Health Resource

Emergency Management of the high risk Mental Health Patient

Transfer to a DMHF Inpatient Unit

Should the patient require an admission for the management of their mental health issues, the safety of the transfer to an appropriate facility must be considered (safety of both the patient and staff).

The patient should only be transferred once each of the following steps have been properly addressed:
- The patient has been assessed as medically stable with vital signs usually within the normal range.
- The type of transport should be appropriate to the patient’s needs with ambulance transfer arranged for the sedated patient.
- The duration of the trip (and possible delays) with the potential for fluctuations in their mental state or sedation level during this time considered.
- The patient’s risk of absconding / violence has been considered and a realistic management plan be agreed upon prior to departure should this occur.
- Sedation level on the Sedation Assessment Tool (SAT) should be checked to ensure the patient ideally has a score of ideally 0 to -1 prior to departure (score should not be significantly less than -1).
- Provisions made for repeat sedation and pressure area care if needed.
- Documentation of all medication given prior to transportation and en route MUST accompany the sedated patient.

Planning for the transfer of high risk patients should be done in consultation with the mental health team (including the treating psychiatrist), the emergency clinician and the security / transport team.

The decision to transport is at the discretion of the treating doctor.

Developed by the ECI. Design based on the Tamworth Mental Health ED resources
Medical Assessment
(of the Mental Health Patient)

The purpose of the ED medical assessment is to reasonably exclude organic disease as a:
- Cause for the presentation, or
- Clinical issue requiring acute management and that the patient is medically safe for departure from ED - to either a mental health facility or community (as appropriate).

A Risk Assessment should also be performed on every patient to consider risk of suicide, self-harm, harm to others (including minors) and risk of absconding.

The Patient may be medically assessed and deemed suitable for mental health referral if all of the following low risk criteria apply:

- **Age 15-65yrs**
- No acute physical health problems (including trauma, ingestion or drug side-effects)
- No altered level of consciousness
- No evidence of physical (medical) cause for the acute presentation
- Not the 1st (or a significantly different) psychiatric presentation
- Physiological vital signs within the normal range (HR, BP, temp, RR, O2 Sats, BSL).

If the patient does not meet the above criteria, further medical assessment and investigations should be performed (as indicated based on clinical findings).

It is not the role of ED clinicians to conduct routine investigations to exclude organic pathology where there are no specific symptoms or signs to warrant this.

Any non-urgent medical issues that are identified, should be flagged for mental health services so that they may be followed up at a later time.