



*Emergency
Care Institute*
NEW SOUTH WALES



ACI NSW Agency
for Clinical
Innovation

A MISSED OPPORTUNITY

Learning from our Incidents:
RED FLAGS in the Emergency Department



The case

A 78 year old male presented to ED with a 2 week history of constipation, and chronic intractable pain.

He had a background of prostate cancer with bony metastases, which had been diagnosed 6 months previously, for which he was undergoing active treatment with the medical oncologist and urologist.

He lived by himself and was socially isolated. He had previously been felt to be non compliant with treatment.

The case

At triage he mentioned to the nurse that he had attempted to harm himself 3 days prior to admission by “gassing himself in his car”

What are the red flags of this presentation?

The case

The gentleman was given aperients in ED to treat his constipation, with effect noted.

He was discharged home later that evening.

There was no further mention, or investigation into, his disclosed suicide attempt.

**Is there anything worrying you
about this presentation?**

**Is there anything else you would
like to do before you send him
home?**

The case

Six days after his presentation to ED, the community nursing team attempt to visit him at home, only to be told that he died the previous day.

He had committed suicide at home and died from chest injuries

What are the lessons here?

Emergency departments are a key point of contact for people who have attempted suicide or who are at risk of suicide.

Emergency departments play an important role in triage, assessment and management of people with mental health problems



What are the lessons here?

All people presenting to ED after a suicide attempt or an episode of self harm should be referred for a mental health assessment



What is the evidence?

- Suicide is a major health concern in Australia, with an annual incidence of **12.7/100,000**. Within the indigenous population this incidence increases to **25/100,000**.
- Attempted suicide or suicidal ideation is one of the most common mental health presentations to emergency departments.
- A high proportion of those who commit suicide will have presented to a healthcare provider not long beforehand.
- Emergency department staff therefore play a key role as a “first port of call” for people with suicidal ideation and attempts. Through effective identification and appropriate management of at risk individuals there is scope for EDs to reduce the number of deaths from suicide.

What is the evidence?

- Current personal risk factors are very important in assessing the patient's imminent suicide risk
- Examples of high risk factors are;

- 'at risk' mental status, eg hopelessness, despair, agitation, shame, guilt, anger, psychosis, psychotic thought processes
- recent interpersonal crisis, especially rejection, humiliation
- recent suicide attempt
- recent major loss or trauma or anniversary
- alcohol intoxication
- drug withdrawal state
- chronic pain or illness
- financial difficulties, unemployment
- impending legal prosecution or child custody issues
- cultural or religious conflicts
- lack of a social support network
- unwillingness to accept help
- difficulty accessing help due to language barriers, lack of information, lack of support or negative experiences with mental health services prior to immigration.

Access the ECI Clinical Tool:

<https://www.aci.health.nsw.gov.au/networks/eci/clinical/clinical-resources/clinical-tools/mental-health>

Emergency management of the high risk mental health patient

References

NSW Department of Health, *Framework for Suicide Risk Assessment and Management for NSW Health Staff. Emergency Department*