

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.

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.
- ✚ **For patients >65** please refer to https://www.ranzcp.org/Files/Publications/A-Handbook-for-NSW-Health-Clinicians-BPSD_June13_W.aspx.

Sedation Assessment Tool (SAT)

	Responsiveness	Speech	Scale
+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	



Mental Health Resource

Emergency Management of the high risk Mental Health Patient

Developed by the ECI. Design based on the Tamworth Mental Health ED resources

1

Section (19,20,22,24,25,26)

“Lawful detention for the purpose of Mental Health Assessment”

The request for a Mental Health assessment under the NSW Mental Health Act can be made by a:

- ✚ Doctor (or accredited person) (19)
- ✚ Ambulance Officer (20)
- ✚ Police Officer (22)
- ✚ Magistrate (24)
- ✚ Inter facility Transfer (25)
- ✚ Family member / carer (26)

Completing a Schedule necessitates that the person be *transferred to and detained* in a Declared Mental Health facility (DMHF) for assessment by an authorised Medical Officer as soon as possible, within 12 hours. A DMHF is a facility where involuntary mental health assessment and care can be provided.

Involuntary Treatment

A Person may be treated without their consent and against their wishes under 3 conditions:

1. In an **emergency “Duty of Care”** requires clinicians to intervene to preserve life and prevent serious injury to the patients health (see section below).
2. If they are incapable of giving consent in a **non-urgent** setting then substitute consent is required (guardianship).
3. If they are **mentally ill or mentally disordered** and require treatment for their *mental condition* under the Mental Health Act.

Duty of Care in the Behaviourally Disturbed

Involuntary sedation of an acutely behaviourally disturbed patient can be given in an emergency situation to save the person’s life or prevent serious danger to the health of others under the principle of **‘Duty of Care’**, and the NSW guardianship act 1987.

2

Form 1 – Section 27 (a)

“1st Independent Mental Health Assessment by an authorised Medical Officer”

- ✚ This assessment must be completed by a Psychiatrist or other authorised Medical Officer as acknowledged as such by the Director of Mental Health.
- ✚ This assessment must be attended as soon as possible and a maximum of 12 hours from the time of arrival to the DMHF.
- ✚ A Schedule must be completed prior to Form 1 being implemented.
- ✚ The doctor who completes the Form 1 must be a different doctor to the one who completed the schedule.

Form 1 – Section 27 (b)

“2nd Independent Mental Health Assessment by an authorised Medical Officer”

- ✚ A second assessment of the patient’s mental health must be carried out within 24 hours of Form 1 (a) being completed.
- ✚ This assessment must be performed by a psychiatrist (if the 1st Form 1 was not completed by a psychiatrist).
- ✚ If there is disagreement as to whether the person is or is not mentally ill or disordered, another psychiatrist must assess the patient.

3

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.