CPD handbook appendix 16

Guidelines for *Acute Severe Behavioural Disturbance (ASBD) in the adult patient* education sessions

Context

The purpose of this document is to assist hospital departments, private practice groups and continuing medical education providers to develop and/or conduct education sessions that may incorporate local staff, work environments and equipment.

This document defines the minimum learning objectives required for education sessions to achieve recognition as a valid activity for satisfying the CPD requirement of the management of *Acute Severe Behavioural Disturbance (ASBD) in the adult patient.*

This activity requires participants to complete a recognised education session, which acceptable formats include practical simulations, workshops or online learning resources.

Background to the ASBD activity

Behavioural emergencies are dangerous, occur in a diversity of individuals and settings, and require prompt control to prevent injury to the patient, staff and others present.

ASBD is generally multifactorial – a complex and varied set of clinical presentations that may include components of a general medical or surgical condition (including hypoxia), medication side effects, substance intoxication or withdrawal, a mental health condition or a developmental disorder.

Restrictive interventions including seclusion and physical restraint are not therapeutic and can result in patient morbidity and mortality when performed improperly. They should only be used (within an appropriate legal framework):

1. To prevent imminent and serious harm to the person or others.
2. When all reasonable and less restrictive options have been tried or considered and found to be unsuitable.

Management of ASBD requires judicious use of behavioural and pharmacological techniques to reduce the agitated state.

The physician will commonly have to provide some advice around sedation to help to contain the situation and enable further medical evaluation without having a complete diagnostic understanding. However applying sedation guidelines without at least considering aetiology can make things worse.

The evidence base for treatment protocols for ASBD is evolving and most health services have developed guidelines or policy statements to assist management. Protocols differ across jurisdictions in Australia and New Zealand in regard to sedative drugs and dosages and clinical acumen continues to be important in tailoring individual treatment plans.

Specialist pain medicine physicians and anaesthetists should be able to:

- Adequately assess the patient with ASBD in a safe environment.
- Use de-escalation techniques that focus on engaging the person with ASBD to allow for assessment.
- If necessary apply relevant clinical guidelines on the safe care of patients sedated for acute behavioural disturbance with particular reference to the ANZCA document PS63 Guidelines for Safe Care for Patients Sedated in Health Care Facilities for Acute Behavioural Disturbance (approved for pilot at the April 2018 ANZCA Council meeting).

- Ensure that legal requirements are adhered to particularly in relation to relevant Mental Health and Guardianship Acts, and the clinician's duty of care to the patient.

Learning objectives

To achieve recognition for the ANZCA and FPM CPD Program, the education session must address, as a minimum, the objectives below.

By the end of the session, participants will be able to:

Knowledge

1. Describe the key components of the initial assessment of an adult patient with ASBD (including physical and mental state risk assessment) prior to sedation.
2. Identify potential antecedents and risk factors for acute behavioural disturbance in the medical setting.
3. Identify the common causes of ASBD (including hypoxia) while recognising that its aetiology is likely to be multifactorial.
4. Understand specific de-escalation techniques and how to engage a person with behavioural disturbance.
5. Describe the legal requirements and their relevance for the urgent management of ASBD.
6. Identify the risks associated with emergency sedation and the need to manage any complications.
7. Understand the importance of safe patient positioning, specifically avoiding the prone position, throughout the clinical intervention.
8. Recognise the importance of carefully titrating sedative pharmacotherapy with the aim of stopping the disturbed behaviour rather than specifically inducing sedation.
9. Recognise the interpersonal and cognitive factors that contribute to poor outcomes in situations of ASBD.
10. Understand that there is a requirement for organisational risk assessment via incident reporting, audit of events and, if required, root cause analysis.

Skills

11. Safely apply less restrictive behavioural interventions to de-escalate ASBD when possible.
12. Demonstrate the appropriate selection and administration of sedative pharmacotherapy to manage ASBD as dictated by relevant state wide or national guidelines and drug availability.
13. Apply a standardised sedation scoring system such as the SAT to guide titration.
14. Demonstrate leadership including clear instruction of sedation goals and monitoring requirements.
15. Detect and appropriately manage any complications arising from sedation.
16. Apply appropriate post sedation care including medical monitoring in a high dependency or intensive care unit if necessary.
17. Discuss with the patient and family what has occurred and the planned follow up.
18. Develop protocols that include audit, incident monitoring and root cause analysis and know when to employ these for organisational risk reduction.

Structure of education session

Education session delivered in a workshop or structured group discussion format must:

1. Provide pre-course reading (could be web-based) that refers to relevant state or national guidelines for the management of adult patients with acute severe behavioural disturbance and provides relevant foundation knowledge of the session content.
2. Have a minimum total duration of ninety (90) minutes, which should include discussion of cases and the practical application of relevant knowledge.
3. Provide case-based discussion or scenario-based simulation activities.
4. Utilise ASBD cases that include a variety of clinical features and degrees of severity at presentation.
5. Be facilitated by a clinician who is appropriately skilled and experienced to deliver the content of the session. If possible the facilitator will have medical education experience and/or credentials.
6. Provide one facilitator per 15 participants' ratio. Facilitators must be actively engaged with each participant.
7. Course directors who wish to record information relating to the performance or conduct of participants must obtain written consent and adhere to the privacy policies of their organisation and location.

ANZCA does not collect this information and it is optional for the course provider and director to do so.

Session materials

Session materials for delivery via workshop or group discussion must include the following in hard copy or electronic form:

- Certificate of participation/completion to be provided to the CPD participants with the recognition code provided by ANZCA and the duration (hours) of the course/workshop.
- Session objectives
- Session outline
- Facilitators' guide (including case scenario outlines)
- Relevant state or national guidelines and management resources as handouts
- Session evaluation forms for feedback from participants
- Participant list template to record date, venue, names and appointment type of participants