# SIMULATION CASE –OD\_SH\_3

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| **Learning outcomes:**By the end of this simulation the candidates will:* Be able to assess both the medical and psychiatric elements of a patient presenting with a high risk staggered overdose and alcohol misuse.
* Be able to take an accurate history of drug and alcohol use in a patient who may be reluctant to cooperate and divulge this information.
* Understand the implications of capacity, consent, privacy for such patients and that the law may have differences across the UK
* Consider the psychosocial issues associated which may impact on adult patients presenting with self
* harm including relationships with family and friends
* Assess the ongoing risk to self in a young female adult and risk factors in this group that are associated with future completion of suicide
* Consider the resources available to adults with mental health difficulties e.g. phone lines, apps, websites, social media, charities and NGOs.

Simulation focus: High risk staggered overdose and alcohol misuse |

**Introduction [Environment and Set]**

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| Running simulations with teams and ‘own’ job roles and `PAUSE’In order to make simulations relevant to candidates’ day to day work, ensure that they play the role as they would their own – to achieve this you may need to adjust the role of the clinician; the ‘place’ of the assessment and the scope of any intervention. To reinforce the fact that they are teaching simulations, candidates can take a ‘time-out’ by saying ‘PAUSE’ if they want to work through an issue with the faculty or their team (of fellow candidates). During this ‘PAUSE’ phase faculty are able to assess if the candidate is approaching the assessment logically according to the structured approach.**Collateral information:**During the course of the simulation, it may be necessary for one instructor to play the role of a family member, friend or other healthcare professional to provide collateral information that is important for the case.  This role should be established at the outset and the instructor should remain in role until the debrief begins. |

Prior to the start of the simulation: one instructor to:

1. **[Environment] Brief candidate group to *check the Environment*:**

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| Room | Candidates to set up the room appropriately |  |
| Equipment | Candidates to check required equipment present and accessible |  |

**Equipment list:**

In addition to generic equipment list:

* Infusion of N-Acetylcysteine

[Set]/[Dialogue] Simulation

Initial handover *{to tell candidate on your arrival as the initial SBAR to Team Leader}*

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| **S**ituation | This is a 26 year old *m/f*  with a history of taking a staggered overdose of 80 paracetamol tablets over a 36 hour period. |
| **B**ackground | *S/he* has been brought by a friend to the ED, who visited her by chance. The last tablets she ingested were about 6 hours ago. *S/he* has not eaten, feels nauseous but has not vomited. *S/he* has also drunk a bottle of wine over the same time as the OD but does not appear intoxicated. *S/he* needed to be persuaded to come to the ED, and has been saying to her friend that *s/he* wants to leave and go home. *S/he* has told her friend *s/he* wants to die and to be left alone. |
| **A**ssessment | A | Patent. Patient talking  |
| B | Chest Clear RR18 SpO2 98% |
| C | HR 91 BP 140/90 HS 1+2+0 No murmursWarm, pale, well perfused |
| D | GCS 15. PERLA 5mmMoving all 4 limbs |
| E | Smells of alcohol. No injuries apparent. BM 6.3 T36.7 |
| **R**ecommendation | Please assess this 26 year old *m/f* with an apparent staggered overdose of paracetamol |

Further information if requested by the candidate

Alison/Andrew, a 26 year old *m/f* has presented with a history of taking a staggered overdose of 80 paracetamol tablets over a 36 hour period. *S/he* has been brought by a friend to the ED, who visited him/her by chance. The last tablets *s/he* ingested were about 6 hours ago. *S/he* has not eaten. *S/he* has felt nauseous but has not vomited. S/he has also drunk a bottle of wine over the same time as the OD but does not appear intoxicated. *S/he* needed to be persuaded to come to the ED, and has been saying to *his/her* friend that she wants to leave and go home. *S/he* has told her friend she wants to die and to be left alone.

Clinical course *{to be given as the simulation progresses}*

See below

|  | Physical health | **☑** | Mental health | **☑** |
| --- | --- | --- | --- | --- |
| PRIMARY | Physical assessment looking for organic cause | A | Patent. Patient talking  |  | Mental Health Assessment | **A**gitation/arousal | *S/he* has serious health needs and requires investigation and probable treatment |  |
| B | Chest Clear RR18 SpO2 98% |  | **E**nvironment | *S/he* is waiting in the ED waiting area and could easily walk out |  |
| C | HR 91 BP 140/90 HS 1+2+0 No murmursWarm, pale, well perfused |  | **I**ntent | Yes. *S/he* has told her friend *s/he* wants to die. |  |
| D | GCS 15. PERLA 5mmMoving all 4 limbs |  | **O**bjects | We do not know if *S/he* has more tablets on *his/her* or any other item that could be used to self harm. |  |
| E | Smells of alcohol. No injuries apparent. BM 6.3 T36.7 |  | Risk to self?Risk to others?Flight risk? | There is a risk to self as this is a serious overdose with potentially lethal consequences and *s/he* will require medical assessment, investigation and treatment. *S/he* is at risk of flight. *S/he* does not appear to be at risk to others. |  |
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| Unified Assessment:Immediate Treatment: Measures to minimise psychiatric or physical risk to patient or others | Routine medical measures – full set of observations, IV access and bloods taken including U+Es, FBC, LFTs, Coag, paracetamol levels ECG Commence toxicology treatment as per TOXBASE for staggered OD paracetamol– namely N-Acetylcysteine |  |
|  |
| SECONDARY | Focused physical history and secondary examination | **P**roblem | Medically and psychiatrically significant staggered |  | Focused conversational psychosocial history and mental state examination | **SELF HARM** | **S**uicidal thoughts at the time of self-harm | Yes-*s/he* had clear suicidal intent |  |
| **H**istory of presenting problem | An ongoing police investigation into historical allegations of child abuse is leading to an upcoming trial. As a defence witness patient has felt under considerable pressure and the trial is leading to flashbacks.  |  | **L**ethality of the episode | High lethality |  |
| **R**elevant medical history | PTSD2 previous ODs |  | **I**ntent now | *S/he* is ambivalent about having treatment and still wants to die. |  |
| **A**llergies | Nil |  | **P**rotective factors | Job and has accommodation |  |
| **S**ystems review | Nausea, nil else |  | **A**dverse factors | On-going police investigation and court case |  |
| **E**ssential family and social history | No contact with parents. Hairdresser. 1 close friend. Lives alone in bedsit. |  | Demographic and historical factors | 2 prior serious ODs |  |
| **D**rugs | Nil |  | Co-morbid mental illness | Likelihood of PTSD |  |
| Top to toe | No marks, injuries. Appears very distressed and crying |  | Overall risk profile | High risk of leaving and of suicide. |  |
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| Emergency physical treatment | Routine medical measures – full set of observations, IV access and bloods taken including U+Es, FBC, LFTs, Coag, paracetamol levels ECG Commence toxicology treatment as per TOXBASE for staggered OD paracetamol– namely N-Acetylcysteine |  | Emergency psychiatric management / consider MHA | This patient will probably need persuading to have investigations and treatment. *S/he* is very distressed and is unlikely to have capacity. Although *s/he* knows what *s/he* has done and can probably understand the nature of the investigations and treatment, *s/he* is unlikely to be able to weigh these in the balance due to her high arousal, and PTSD.A mental health act assessment can be started with a view to admitting *him/her* to hospital (medical bed most likely) but this will take a few hours,. In the interim, a decision needs to be made re her best interests, as to whether to proceed with investigations and treatment under the MCA. S*/he* will need to be moved to a more secure place where *s/he* can be monitored to ensure she does not leave the department before treatment. |  |
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| DEFINITIVE CARE AND DISPOSAL | Disposal | Will be admitted to a medical bed for treatment of the paracetamol OD, but will need ongoing observation to ensure that *s/he* doesn’t leave. |  |
| Reassess risk | Anything to suggest any other potentially harmful medications have been taken |  |
| Handover to:

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including on-going care plan | **S**ituation |  |  |
| **B**ackground |  |  |
| **A**ssessment |  |  |
| **R**ecommendation |  |  |

[Closure] Debrief (15 min)

Using the learning conversation, carry out the debrief of both the technical and non-technical elements of the simulation.

The debrief will be for the team as a whole and should focus on some or all of the following:

* Technical skills guided by the KTPs
* Non-technical skills, including qualities of team membership and leadership:

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| Team members | * Clear communication
* Respect
* Flexibility
* Assertiveness
* Ability to listen
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| Team leaders | All of the above, plus* Full overview of all aspects associated with child, parents and team
* Prioritises according to KTPs
* Summarises and re-evaluates
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* Feedback on Environment, where required

Potential issues that may be raised for this specific simulation

* Need to check that patient doesn’t have any children – implications for safeguarding.
* Whether friend stays for part / all of the assessment as a supporter.
* The impact of abuse –neglect, sexual, emotional, physical, financial
* The gender of the healthcare professional – the patient may be reluctant to engage with a male medical or nursing practitioner

At the end of the debrief, give the opportunity for candidates to ask questions, answer these and then summarise the key points

Assessment

The simulation is continuously assessed and you should score the lead candidate on the candidate progress log. If there are any candidates where you have serious concern, you should raise this with the course director immediately after the station.

ACTOR BRIEFING

What the candidate is being assessed on

Assessment of self harm

Background

***Location***

Locations vary in accordance with the different specialties of the candidate being assessed.

This will be agreed with the candidate each time the simulation is run.

***Background***

You are a 26 year old *m/f* who has taken an overdose of 80 paracetamol tablets over about 36 hours. You initially took 30 tablets and when they appeared to have no effect, you took another 30 a few hours later. These also had no effect so you took another 20 (the last tablets you had). That was about 6 hours hours ago. You started taking the first lot of paracetamol the day before yesterday. You have been alone during this time but your friend came round unexpectedly to see you. You have felt sick for the last few hours but have not been sick. You drank a bottle of wine when you took the first lot of tablets but the effects of this have now worn off.

You intended to die. You have been stock piling paracetamol for the last week. You have had a difficult few months. You were sexually abused by your father and recently reported him to the police. The police have conducted an investigation and have charged him. Your mother has disowned you and has accused you or tearing the family apart. You have been constantly on edge and worried. You are getting flash backs of the abuse on a regular basis and these have been much worse since you were interviewed by the police and gave a statement.

You have suffered from depression and PTSD like symptoms for several years. You work as a hairdresser in a salon and usually enjoy your job as it stops you thinking about things. You have not been in to work for the last 2 weeks and now don’t know if you can face going back, as you fear everyone will find out about the court case and the abuse.

You have taken a serious OD before on two occasions. You took large ODs of aspirin when you were a 14 year old teenager which required admission to hospital. You took the ODs because you were distressed because your dad was forcing you to have sex with him on a regular basis. You didn’t tell anyone.

You live in a bedsit. You live alone. You have one good friend who is also a hairdresser (Evie). You drink vodka and wine most nights to help you sleep.

***Medication***

*No regular medication. Took 80 paracetamol.*

Now

You are upset and distressed and want to go home. You are not sure if you want treatment. You didn’t realise paracetamol can take time to act and the last thing you want is to be in hospital.

ICE (Ideas, Concerns, Expectations)

 ***Thoughts and concerns***

You are preoccupied with the court case and do not know if you can give evidence. You think you are better off dead and that way everyone else will be happy. You initially were persuaded by your friend to come to the ED but now you think it would be better to leave things.

Opening statement

Say you are ok and it’s a big fuss over nothing. You would like to go home and you do not want any treatment.

Emotional behaviours/statements/questions

***If asked directly:***

Say you intended to die and you still want to die.

***Possible statements:***

Everyone will be better off if I am dead. At least all the flashback and painful memories will stop.