# SIMULATION CASE - OD\_SH\_5

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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 teenage patient presenting with an impulsive overdose and alcohol misuse. * Be able to take an accurate history of drug and alcohol use in a patient who may be reluctant to share this information. * Recognise the implications of capacity, consent, privacy for such patients and that the law according to age of adulthood may differ across the UK * Consider the psychosocial issues associated with young adulthood and relationships with family and friends * Assess the ongoing risk to self in a young male adult and risk factors in this group that are associated with future completion of suicide * Consider what resources are available to young adults with mental health difficulties e.g. apps, websites, social media   Simulation focus: This is a young adult (teenager) who has taken an apparently low risk and low intent impulsive overdose – it is important to recognize that despite this he may be a future risk to self. Speaking with and relating to teenage patients can present challenges to the emergency department and psychiatric assessment team. |

**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. |

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: None

[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 17 year old *m/f* who has taken an overdose of his mother’s tablets | |
| **B**ackground | *S/he* lives with his mum and step dad and has taken this overdose at home today along with some alcohol after witnessing his parents arguing. | |
| **A**ssessment | A | Patent, no concerns |
| B | Good air entry bilaterally, sats 100% air, RR 16 |
| C | Pulse 76 reg, BP 115/76, warm, well perfused |
| D | Fully alert and orientated, GCS 15, no focal neurological signs |
| E | Looks well, complaining of nausea, normal temperature |
| **R**ecommendation | Please assess the medical and psychiatric elements of this presentation and make a plan for ongoing management | |

Further information if requested by the candidate

Sam is a 17 year old whose parents have had marital difficulties for several years. *S/he* has become accustomed to rows at home, when *his/her* parents shout at each other, slam doors and sometimes break things. Over the years, Sam has had intermittent feelings of low mood, which has resulted in episodes of alcohol consumption – sometimes on *his/her* own, and sometimes with friends. On this occasion, *his/her* parents have been rowing for several days, and *his/her* father has just stormed out. Sam had already had several drinks in *his/her* room because of the tension, and when *his/her* father stormed out, Sam took an overdose of tablets his GP had recently prescribed for them. However, *s/he* has told *his/her* mother, who has promptly taken Sam to A&E

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

This young patient has taken a low risk medical overdose ( 8 tablets of zopiclone with a small amount of alcohol) *s/he* will remain mildly nauseated and a little anxious about the physical consequences of having taken this overdose but *s/he* remains well overall and his investigations are all normal. *S/he* is likely to prefer to speak to the participant without his mother being present. *S/he* may also inquire as to whether *his/her* teachers at College will be made aware of this as *s/he* is a studying nursing and does not want this to affect *his/her* future.

|  | Physical health | | | | | **☑** | Mental health | | | | | | **☑** |
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| PRIMARY | Physical assessment looking for organic cause | | A | Breath does smell of alcohol but otherwise normal airway and no evidence of drug misuse | |  | Mental health primary assessment | **A**gitation/arousal | | | What has Sam taken? Does that need medical intervention. Has Sam also self-harmed physically. Is Sam’s consciousness impaired to the point that a fuller history cannot be taken, or a more detailed risk assessment completed? | |  |
| B | Chest clear, good air entry throughout, no respiratory distress | |  | **E**nvironment | | | There is a risk *he/she* may try to self-harm with objects in the room. Sam is at risk of absconding | |  |
| C | Pulse 76 good volume and regular  Normal blood pressure 115/76  CRT < 2 | |  | **I**ntent | | | A this stage *his/her* future plans are unknown, and *s/he* has self-harmed in the immediate past, which is therefore the predictor of the future. It must be assumed the intent to self-harm remains. | |  |
| D | GCS 15, A on AVPU scale  PEARL – perhaps slightly dilated  A little bit sleepy but remains GCS 15 despite this  No focal neurological signs | |  | **O**bjects | | | Does *s/he* have any possessions with which *s/he* could harm *him/herself*. A belt, a knife, a pen, or other medication | |  |
| E | Smelling of alcohol but no other evidence of injury or self harm, well dressed, clean and tidy in appearance  No rashes  No fever  Blood glucose is normal | |  | Risk to self?  Risk to others?  Flight risk? | | | Until more facts are known *s/he* has to be considered high risk to *him/herself*, and a flight risk. There is no evidence of being a risk to others at present. However, if consciousness is impaired, the risk assessment may be hard to complete and so high risk needs to be assumed, regardless of the lethality of the overdose | |  |
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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 paracetamol levels (4hrs)  ECG | | | | | | | | | |  |
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| SECONDARY | Focused physical history and secondary examination | **P**roblem | | | Apparently impulsive overdose of mothers tablets ?4 hours ago, 8 x zopiclone |  | Focused conversational psychosocial history and mental state examination | | **SELF HARM** | **S**uicidal thoughts at the time of self-harm | | The intent underpinning self harm needs to be established. A standard assessment of suicidal intent is needed: planning, avoidance of discovery, suicide note, future intent / plans |  |
| **H**istory of presenting problem | | | Feels frustrated by parents arguing, has had some alcohol today, taken mothers medication, felt sick afterwards and explained overdose to mum. No previous episodes of self harm or overdose |  | **L**ethality of the episode | | The medical lethality of the overdose is not the critical factor in the psychiatric assessment, but rather the patient’s perception of the lethality of the attempt. Some patients may over-estimate the lethality of minor overdoses, and in fact have high suicidal intent |  |
| **R**elevant medical history | | | No significant medical history |  | **I**ntent now | | The intent **now** may differ from the intent at the time of the overdose, maybe because of a change in psychosocial pressures, or because the patient has sobered up, for example. The stated intent now should be interpreted in the context of all the other factors, and not necessarily taken at face value |  |
| **A**llergies | | | NKDA |  | **P**rotective factors | | What might protect Sam from future attempts? Plans for the future, a job / course *s/he* enjoys, a supportive relationship, remorse, engagement with treatment? |  |
| **S**ystems review | | | Nauseated but no vomiting  Otherwise normal |  | **A**dverse factors | | Think of ongoing social and pharmacological factors – the family disharmony, the longer term mental health problems and the excessive alcohol consumption |  |
| **E**ssential family and social history | | | Lives with mum and step dad  Doesn’t see father as he is in prison ? *s/he* may have a mental health diagnosis |  | Demographic and historical factors | | | Young, alcohol consumption, possible mood disorder, previous self harm are all concerning factors |  |
| **D**rugs | | | Denies taking any drugs |  | Co-morbid mental illness | | | Sam may meet the diagnostic criteria for a depressive disorder, and is at least misusing alcohol, if not fully dependent |  |
| Top to toe | | | No other abnormality found  Specifically no signs of self harm |  | Overall risk profile | | | Medical risk of this overdose was low, and the psychiatric risk was probably also low, although the risk of repetition is probably medium to high, and all the more so if the relevant factors are not addressed |  |
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| Emergency physical treatment | Nil specific likely required in this case as only 8 tablets zopiclone  However be aware of larger overdose bringing risk of cardiac arrhythmia, hypotension and/or methaemoglobinaemia | | | |  | Emergency psychiatric management / consider MHA | | The most important task is to establish the motives behind the self harm, intent for the future, and putting in place relevant protective and therapeutic factors. In the absence of any high risk of immediate repetition, or significant acute severe mood disorder, admission to hospital or detention under the Mental Health Act is probably not warranted. However ongoing treatment by the Crisis and Home Treatment team may be a reasonable choice | | | |  |
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| INITIVE CARE AND DISPOSAL | Disposal | | | | Likely will be allowed home with support from family and crisis team | | | | | | | |  |
| Reassess risk | | | | Anything to suggest any other potentially harmful medications have been taken  Consider repeating ECG | | | | | | | |  |
| Handover to:   |  | | --- | | Crisis Team / psychiatry |   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 |
| 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 |

* Feedback on Environment, where required

Potential issues that may be raised for this specific simulation

* this young male is at college training to be a nurse – what are the further implications you need to be aware of when you are caring for a health care worker, colleague, or someone training in health care when they present following self harm or overdose
* it may be difficult for some participants to communicate with or relate to teenage patients effectively
* would it be best for mother to stay during assessment or for patient to have privacy
* participant may or may not demonstrate skills in giving advice/counselling to young adult patients regards risks of drug and alcohol misuse ongoing

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

Ability to assess and manage risk factors in the context of an impulsive overdose with alcohol in a young adult with family problems

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 17 year old College student, living with your parents. In your outside life, things aren’t too bad – your studies are going well, you have friends, you get on OK with teachers, and you generally keep out of trouble. You have, however, started to drink with friends, and there’s been a few occasions recently where you’ve felt rather too ill to go to College the next day. You have “a few cans” of lager two or three times a week after College. You’re not too sure. You don’t take drugs, and have never been in trouble with the police

At home, however, things are different. Your mum and step dad have been arguing for what seems like months – they scream at each other, slam doors and sometimes your step dad hits your mum. Things have been getting worse, and in the past couple of weeks you have been dreading going home in the evening. You can’t even visit your own dad as he is currently serving time for having beaten up your mum (and some other things, you think) several years ago.

Today, you had delayed going home because of what you might face when you got there. You have been out with your mates and had quite a few beers. You have finally gone home and gone to your room. However, within minutes you can hear the shouting and swearing starting again. You feel at the end of your tether, and impulsively you have taken some sleeping tablets your mum takes, that you found in the bathroom cabinet. You’re not sure what they are, but they start with a S or a Z or something, and you took about 8 of them. You’re not really sure why you did it – it was impulsive and all there was in your head at the time was to “get away from it all”. It was unplanned, and you didn’t leave a note. The combination of the alcohol and the tablets seemed to make you feel really poorly quite quickly, you got frightened, and told your mum, who has now taken you to hospital. You don’t know if the tablets you took could have killed you, though if pushed you probably though they would just make you sleep a lot so that you could get away from the problems downstairs

***Medication***

You aren’t on any tablets for anything. You had in fact been to see your GP a few weeks ago because you felt you couldn’t cope with some of the pressure. The GP had said that she didn’t think you were depressed, but that you might benefit from some counselling because of the problems at home. You hadn’t told your GP about the alcohol that you are drinking

Now

You just feel tired and want to go home. You are fed up, generally, but you don’t want to die, and don’t want to take another overdose. You want to finish your College course and go on to do nursing at university. You think you will make a good nurse as you think you are a compassionate person, and you think that when you can leave home things will be better. You don’t want to take another overdose, and you feel guilty for dragging your mum through all this given the problems of her own that she has already.

You’d be willing to go to counselling / support and you’re willing to accept information / treatment on managing your alcohol consumption. You’re also willing to accept the crisis team, if offered

ICE (Ideas, Concerns, Expectations)

***Thoughts and concerns***

You’d like things at home to be more settled, and you feel guilty for adding to all the issues by taking an overdose. You want things to get back on track so that you can have a normal life

Opening statement

I’m really sorry – I just want to go home… it’s OK, I won’t do it again

Emotional behaviours/statements/questions

You are generally calm

You are rather worried about the tablets you took – will you be alright, will they damage your body? You seek reassurance