

1. Lead examiner .....

Candidate No:

2. Co-examiner .....

Final Mark:

You are the emergency physician on duty on a Saturday evening when the duress alarm at triage is activated.

A 32 year-old man on an ambulance trolley is aggressive and swearing. He is kicking at the ambulance officers and trying to get off the trolley. The ambulance was called by his family, who were concerned by his agitation. Initially agreeing to be transported to hospital, the patient became aggressive *en route*.

**Question 1. List your differential diagnoses for this patient. (1 minutes)**

Expected Response	Details & Comments
<b>NB: Aetiologies in combination are common – must list mention at least drugs, glucose, metabolic, psychosis</b>	
Drug toxicity	Sympathomimetics, Anticholinergics, EtOH
Drug withdrawal	EtOH, Benzodiazepine
Metabolic	Hypoglycaemia, high/low sodium, hypoxia
Sepsis	Encephalitis
Intra-cerebral event	SOL, SDH
Psychosis	Bipolar, schizophrenia

**Question 2 Describe your approach to this situation. (3 minutes)**

Expected Response	Details & Comments
Duty of Care	Priority is safety of patient and staff Enlist security staff
Consideration and exclusion of organic cause	Obtain corroborative history from family, old notes, LMO
Attempt verbal de-escalation	Try to calm patient down and obtain co-operation, attempt to establish rapport
If required: physical restraint in order to sedate	5-person technique with attention to head/neck/airway protection Safety, PPE ? IV access, Vitals
Move into ED	
Work-up for potential causes	Initial assessment, incl collaborative hx Ensure glucose has been checked if not mentioned in differential
Sedation	Benzodiazepines and/or Neuroleptics (justify use, safe doses, frequency, end point of sedation)
Monitoring	Cardiac, NIBP, SaO <sub>2</sub> , EtCO <sub>2</sub>
NOK	Liaise with family if present

**Question 3. Your registrar was kicked in the chest while assisting staff in the restraint of this patient. Outline the issues relevant to this situation. (1.5 minutes)**

Expected Response	Details & Comments
Registrar	Remove from area. Assess and treat (delegate to another staff member). Includes analgesia and psychological support. Certificate of capacity if required. Arrange follow up. Consider impact on staffing if unable to continue.
Patient	Ensure ongoing care of pt; safety remains paramount.
Risk Management	OH&S concern. Documentation. Incident report. Staff health / work cover assessment form.
Quality	Explore the circumstances around the event - ? contributing factors or departures from protocol. Identify and mitigate these factors Review relevant protocols Educate clinical and security staff re the management of the behaviourally disturbed patient

**Question 4. The clinical situation is under control. However, the patient’s mother accuses you of assault and threatens legal action. Outline your response. (1.5 minutes)**

Expected Response	Details & Comments	
Diffuse / De-escalate	Move to relatives’ room to discuss Acknowledge concerns, fears, emotions (incl guilt) Calm demeanour; simple language	
Provide information	Explain reasons for restraint: duty of care / Mental Health Act Explain this is being done in the patient’s best interest	
Explore mother’s position	? Previous experiences Level of understanding; expectations Socio-economic impediments	
Provide options	Time; opportunities to discuss with other kin, GP Liaison with hospital services, eg social work Time with son when clinically appropriate	
Risk Management	Documentation Support of all staff If required, report to admin and/or legal personnel	

**Comments: (if you fail the candidate, please state why)**

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**If the candidate fails the exam overall, what feedback would you suggest the regional censor provide for this SCE?**

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## **SCENARIO**

**You are the emergency physician on duty on a Saturday evening when the duress alarm at triage is activated.**

**A 32 year-old man on an ambulance trolley is aggressive and swearing. He is kicking at the ambulance officers and trying to get off the trolley. The ambulance was called by his family, who were concerned by his agitation. Initially agreeing to be transported to hospital, the patient became aggressive en route.**