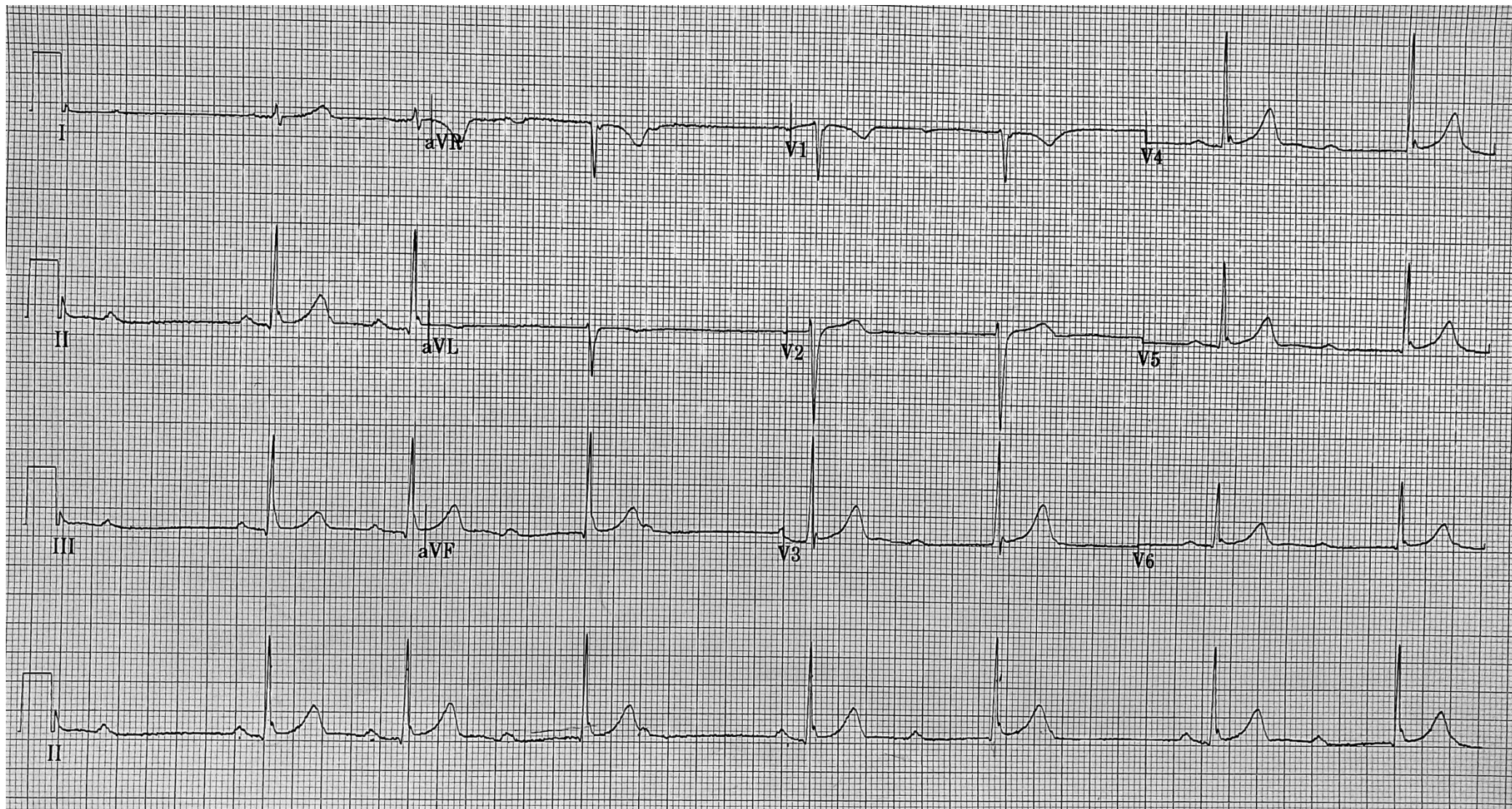


QUIZ 15th July 2020 (answers below)

1. Outline de-escalation techniques you can use for acutely agitated patients.
2. What are your differential diagnoses for acutely agitated patients?
3. What is the maximum recommended dose of droperidol?
4. What is duty of care?
5. Describe and interpret the following ECG.



QUIZ answers 15th July 2020

1. Outline de-escalation techniques you can use for acutely agitated patients.

- *Conversational loop where the clinician actively listens to what the patient is saying, tries to find a way to agree with or validate what the patient is saying and then explain to the patient what the clinician want them to do eg. take medication, calm down, etc.*
- *Be calm, confident, non threatening, non aggressive stance with arms relaxed*
- *Empathetic, non-judgmental, respectful*
- *Introduce yourself, your role, the purpose, only one person engage with the patient*
- *Say that you want to help. Ask what they want. Ask what they are worried about. Focus on the here and now.*
- *Use short clear statements, avoiding medical jargon*
- *Speak with a slow clear voice, don't raise your voice.*
- *Offer tea, food, nicotine replacement therapy*
- *Utilise trusted relatives or staff*

2. What are your differential diagnoses for acutely agitated patients?

Infection

- *CNS infection – encephalitis, meningitis, abscess, neurosyphilis*
- *Delerium from sepsis outside CNS eg UTI in elderly*

Metabolic

- *Electrolyte disturbance*
- *Renal failure - uraemia*
- *Liver failure – encephalopathy*

Endocrine

- *Thyroid disease*

Pulmonary

- *Hypoxia*
- *Hypercarbia*

Toxicology

- *Intoxication*
- *Serotonin syndrome*
- *Neuroleptic malignant syndrome*

Neurological

- *Post seizure*
- *Tumour*
- *CNS infection (as above)*
- *CVA*
- *SAH*

Psychiatric

- *Mania*
- *Psychosis*
- *Anxiety*

3. What is the maximum recommended dose of droperidol?

20mg per event (adult)

4. What is duty of care?

Put simply and generally, “duty of care” is a moral or legal obligation to ensure the safety or wellbeing of others. As doctors, we have a duty of care to our patients. In NSW, three pieces of legislation support doctors in our duty of care to provide urgent treatment without the patient’s consent if required for their safety or the safety of others:

1. Part 5, Section 37 of [The Guardianship Act 1987](#) permits the treatment of a patient 16 years or over without consent where the patient is incapable of giving consent for the treatment and only where the treatment is necessary, as a matter of urgency, to save the patient’s life, prevent serious damage to the patient’s health or prevent the patient from suffering or continuing to suffer pain or distress. The treatment should be the least restrictive option in the circumstances. This decision should be documented in the patient’s Health Care Record. Guidance on determining a patient’s capacity to consent to treatment is available in the NSW Attorney General’s Department [Capacity Toolkit](#).
2. A patient may be detained under the Mental Health Act 2007 if they are deemed to be a mentally ill person or mentally disordered person and there is no other care of a less restrictive kind that is consistent with safe, effective care that is appropriate and reasonably available. Under these circumstances the patient may have necessary treatment administered under the terms of that Act.

Where there is inconsistency between the provisions of Part 5, Section 37 of the Guardianship Act and the provisions of the Mental Health Act 2007, the provisions of the [Mental Health Act 2007](#) prevail.

3. [The Children and Young Persons \(Care and Protection\) Act 1998](#) (Clause 174) allows for the emergency treatment of a child or young person without the consent of the child / young person or parent in order to save his or her life or to prevent serious damage to his or her health.

In NSW the age of consent for medical treatment is 14 years. Below this age parents or guardians are responsible for consent for medical management. Consent for 14 and 15 year olds is a grey area and requires a judgment by the medical officer on the adolescent’s capacity to understand the consequences of the proposed treatment. Young people over the age of 16 may consent independently.

Consent for emergency sedation should be sought from the child and their parent wherever possible, however as with adults, treatment can be administered to children without consent in an emergency situation or to treat a child at risk.

5. Describe and interpret the following ECG.

<i>Rate</i>	<i>Regular Atrial rate 64/min</i>
<i>P waves</i>	<i>Normal morphology</i>
<i>PR interval</i>	<i>Prolonged</i> <i>Progressive increases until P wave not conducted</i> <i>4:2 then 3:2 then 3:2</i>
<i>QRS</i>	<i>Narrow, Normal axis</i>
<i>ST segment</i>	<i>Early repolarisation</i>
<i>T waves</i>	<i>TWI aVL only</i>
<i>QTc</i>	<i>Unable to calculate as delay in QRS</i> <i>But uncorrected QT is normal at 440msec</i>

➔ *Wenckebach (Mobitz Type 1) heart block*