



## ANZCA and FPM CPD Program

### Acute severe behavioural disturbance ER session guideline

#### Purpose

This guideline assists hospitals, private practice groups and other course providers develop and conduct Acute Severe Behavioural Disturbance (ASBD) Emergency Response (ER) sessions. It defines the learning objectives and other requirements for education providers to become recognised ASBD ER providers for the purposes of the [ANZCA and FPM CPD program](#).

For CPD participants, this guideline provides information on what recognised ASBD ER sessions involve and how to record this activity.

#### Related documents

1. [ASBD ER activity recognition of suitability application form](#)

Course providers must apply for college recognition of your session as a suitable ASBD ER activity for the ANZCA and FPM CPD program. Providers are encouraged to develop sessions that also satisfy local needs, incorporating local staff, work environments and equipment.

#### Importance of ASBD ER education

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.

ASBD management 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. Across jurisdictions in Australia and New Zealand, protocols differ with regard to sedative drugs and dosages, and clinical acumen continues to be important in tailoring individual treatment plans.

## Recommended resources

- [PS63 Guidelines for Safe Care for Patients Sedated in Health Care Facilities for Acute Behavioural Disturbance](#)

## Session format

This activity requires ANZCA and FPM CPD participants to complete a recognised education session, with acceptable formats including practical simulations, workshops or online learning resources.

## Learning objectives

### Scope of ASBD ER sessions

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](#).
- 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.

### Mandatory learning objectives

#### *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*

1. Safely apply less restrictive behavioural interventions to de-escalate ASBD when possible.
2. Demonstrate the appropriate selection and administration of sedative pharmacotherapy to manage ASBD as dictated by relevant state-wide or national guidelines and drug availability.
3. Apply a standardised sedation scoring system such as the SAT to guide titration.

4. Demonstrate leadership including clear instruction of sedation goals and monitoring requirements.
5. Detect and appropriately manage any complications arising from sedation.
6. Apply appropriate post sedation care including medical monitoring in a high dependency or intensive care unit if necessary.
7. Discuss with the patient and family what has occurred and the planned follow up.
8. Develop protocols that include audit, incident monitoring and root cause analysis and know when to employ these for organisational risk reduction.

## Session structure

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

The following materials (in hard or electronic format) may be provided to facilitators and/or participants as relevant:

- Facilitator guide (including equipment list, scenario outlines)
- Participant list (date, venue, participant names)
- Session learning objectives and outline
- CICO algorithms handout
- Session evaluation form (feedback from participants)
- Certification of completion, including ANZCA recognition code and session duration in hours (must be provided to participants).

## ANZCA and FPM CPD portfolio recording

Participants record this activity under

- Category 3 *Emergency response: ASBD ER* with the certificate of completion uploaded as evidence.

Facilitators who are also CPD participants record this activity under

- Category 3 *Emergency response: ASBD ER* with confirmation of facilitation uploaded as evidence.

## Change control register

Version	Author/s	Reviewed by	Approved by	Approval date	Sections modified
1	Dr Stephanie Oak	FPM PSC Committee	CPD Committee	2018	Created
2		CPD team L Roberts		2023	<ul style="list-style-type: none"> <li>• Updated branding</li> <li>• Incorporated change control register</li> </ul>

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