

**Title:** The Agitated Patient

**Participants:** FY1s

**Estimated running time:** 20 mins per candidate

**Intended Learning Outcomes (ILO):**

1. Demonstrate strategies for de-escalation (verbal and consideration of pharmacological) of an acutely agitated patient in a general hospital.
2. Formulate an assessment of capacity of the agitated patient.
3. Discuss the importance of safety (of the patient in question, other patients, and staff members) in the context of managing an agitated patient in a general hospital.
4. Demonstrate prompt and effective escalation to the most appropriate team member available.

**Case summary/ Story line:**

Robin Forrest is an age variable patient who was admitted to the medical ward two days ago with an infective exacerbation of asthma. Initially he progressed well on IV antibiotics, steroids, and nebulizers. However, the patient was found in their room 30 minutes ago sweating profusely, tremulous, behaving erratically and aggressively to staff. Robin appears to be hallucinating (seeing and feeling rodents or insects crawling all over their body). They are fearful and paranoid about being in hospital and wish to be discharged.

They will not respond for long to de-escalation strategies and become increasingly agitated and aggressive. It will require the learner to consider safety, assess capacity, and escalate for senior support from security, the on call medical registrar, or the mental health team.

**Briefing for the patient:**

Your name is Robin Forrest. You usually live at home with your partner (who will be in the next scenario). You used to work as shop keeper, but you lost your job around six months ago. You are usually in good health other than your asthma for which you take an inhaler. You drink alcohol daily. Mainly whisky. If you are asked about this during the scenario you can say that you like a drink but be vague about how much you drink.

A few days ago, you noticed that your breathing was worse than usual. You eventually decided to come to hospital to get help. Initially the hospital seemed okay. The staff were looking after you well and your breathing was improving. You couldn't sleep at all last night. In the middle of the night, you started to see insects and rats crawling around in your room. You have been shouting out to try and get someone to help because of this.

This morning you are confused and are no longer sure whether you are in hospital or at home. You don't understand why all these people come in and out of your room. You can hear voices coming through the wall and are worried people in the room next door want to harm you. You really want to leave hospital but you won't leave the room as you're worried it might not be safe out in the corridor.



- When the doctor and nurse comes into your room you will be pacing up and down and feeling worried. If the doctor expresses empathy and tries to reassure you will sit down to talk to them but you will still be worried about the rats in the room and the voices you can hear through the wall. You explain that you want to leave because of the insects/rats and your worry that it isn't safe here. You tell them about hearing people plotting to harm you in the room next door. You're not sure why you're here and don't think you need to stay any longer. If the doctor asks you questions about orientation (where you are, the date, time, etc) you will answer them as follows:
  - place: not sure, but you think you're at home
  - date: get it wrong by a couple of months
  - person: you think the doctor or the nursing confederate are your family members
  - DOB: you get this right but get your age wrong saying you are in your 30s, if this is a younger patient they could get their DOB wrong giving the current year will be unable to give their age

**You will continue to emphasize that you want to leave and cannot be convinced otherwise.**

**If/when the doctor explains to you that they think you should stay in hospital or if they offer medication to help you calm down, you stand up again and start pacing. You will continue to say that you want to go home. You will grab some pills offered to you and will throw them across the room. This should trigger the doctor and nurse in the room to realise it is not safe.**

**Briefing for the Staff holding helping:**

You are a staff nurse working on the medical ward. The nurse working the night shift handed over to you that one of the patients Robin Forrest was shouting out and agitated overnight. This morning the patient has been shouting out from their room. When you go and check on them, they are agitated and verbally aggressive towards you. You're worried about the patient and about the safety of other people on the ward. You ask the doctor to come and review them urgently. When the doctor first comes into the room they should attempt verbal de-escalation and try to assess capacity. If they don't do this you will guide them by demonstrating verbal de-escalation and prompting them to assess capacity. At the end of the scenario the patient will demonstrate minor physical aggression (throwing pills). The aim here is for the candidate to consider their personal safety and that of the other staff involved. They may require a prompt to get them to leave the room and call security.

**Briefing for candidate:**

You are the FY1 doctor working on a medical ward. You have just arrived at work this morning and are the first doctor here. One of the nurses asks you to review the patient Robin Forrest urgently. From looking after him over the last few days you know he has been admitted with an infective exacerbation of asthma. The nurse has asked for an urgent review as he has become increasingly agitated through the night.

