SELF HARM & UNDISCLOSED OVERDOSE

MODULE: SAFEGUARDING IN THE ED

TARGET: ALL PAEDIATRIC TRAINEES; ED TRAINEES

BACKGROUND:

Although the rate of adolescent suicide is falling in the UK, the incidence of self-harm is rising and is now believed to be the highest rate in Europe (approximately 140,000 attendances to the ED per annum).

The common triggers for self-harm in adolescents range from low self esteem to dealing with feelings of guilt, loneliness or social isolation. In addition, self-harm is considered a ‘red flag’ for the existence of underlying psychiatric or psychosocial disorders and, if occurring on a frequent basis, for suicide.
INFORMATION FOR FACULTY

LEARNING OBJECTIVES

By the end of this session, participants should be able to:

• Take a focussed mental health history from a self-harming adolescent
• Safely manage a paracetamol overdose

SCENE SETTING

Location: Emergency Department
Expected duration of scenario: 15 mins
Expected duration of debriefing: 30 mins

EQUIPMENT AND CONSUMABLES

- Box of tissues
- Actor has dressing over inner aspect of left forearm

PERSONNEL-IN-SCENARIO

ST trainee
Nurse as chaperone
Faculty = Ashleigh, 15-year-old girl

PARTICIPANT BRIEFING

Time: 23:45

Patient name: Ashleigh Goodacre Age: 15 year old

You have been asked to urgently assess Ashleigh who is requesting to leave the Emergency Department.

Background: Ashleigh has been brought to hospital for assessment after a ‘concerned friend’ phoned ‘999’ when she was found self-harming at a party. None of these ‘concerned friends’ have come to the ED with her.

On initial assessment by the paeds triage nurse, Emma was noted to have appeared to be intoxicated (smelling strongly of alcohol and cannabis) and had sustained several parallel lacerations to her left forearm. Her wounds have already been cleaned and closed by one of the nurse practitioners. Since then, she has been anxious, tearful, withdrawn and avoiding eye contact.
FACULTY BRIEFING

IN-SCENARIO PERSONNEL BRIEFING (NURSE CHAPERONE)

This role is relatively passive, echoing and reinforcing the doctor where appropriate, while supporting Ashleigh.

IN-SCENARIO PERSONNEL BRIEFING (ACTOR)

ASHLEIGH GOODACRE 15yrs old

HISTORY

Reason for ED attendance:
Self harm and paracetamol overdose at party after becoming intoxicated with alcohol and cannabis.

Background:
- Mum and Dad got divorced six months ago
- No siblings
- Mum is legal guardian
- Moved to a new house (smaller) following the divorce
- Finding it hard to settle in at school
- Feels isolated/lonely having made no new friends
- Rarely drink wine (never spirits - always makes you feel depressed) but smoke cannabis on a regular basis
- Never taken an overdose but have self-harmed in the past (with a small pocket knife)

Self-harm background:
- Until now, cutting yourself has been your secret; no-one knew. You started when M&D were arguing.
- You have never taken an overdose before.

Events leading to ED attendance:
- At school, you plucked up enough courage to talk to Lucy (one of the really popular girls) who then invited you to go to a party at a friend’s house over the weekend with her and some of her friends.
- You lied to your mum, telling her that you were going to see a late film with your new friend.

At party:
- Everyone was a lot older than you making you feel really self-conscious about your age.
- In an attempt not to stand out too much, you joined in the drinking games.
- As you had never played drinking games before, you ended up drinking a lot of vodka quickly, getting drunk very quickly.
- You began to reminisce what it was like before your M&D split up, how you really miss dad and blame you mum for making you move /losing contact with your old friends
- You went to the bathroom, where you came across a pair of nail scissors and some tablets in blister pack (paracetamol).
- You cut yourself to make you feel more in control, but it didn’t help so you took all of the tablets in the paracetamol packet as well (1st time)
- Lucy found you in the bathroom. She noticed the cuts on your forearm and really ‘freaked’ out, telling you how you inconsiderate and stupid you were for spoiling the party for her.
- You felt so embarrassed, ashamed and guilty that you decided not to tell her about the tablets as you thought this would just make her more angry.
- Then, Lucy called 999 and left with her friends.
At hospital:
- When the nurse started treating the cuts, you began to panic, feeling as if the situation had rapidly got out-of-control.
- You’re scared that not only your mum and dad are going to find out about the drinking and cannabis smoking but also that Lucy and her friends are going to tell everyone at school that you have cut yourself and must be ‘mental’.
- So, in an effort to prevent your parents from finding out what has happened, you decided to leave.
- However, you still feel really drunk and unsteady on your feet, so the nurses to persuaded you to wait to talk to the doctor.

BEHAVIOUR

Attitude/Initial appearance:
- Tearful & scared
- Anxious about what is going to happen next (especially if it involves you mother being told)
- Introverted and withdrawn; avoiding direct eye contact

Responses & Reactions:
You should initially be evasive, avoiding talking about the overdose. Your reactions/responses (or lack of them) should be based on the approach the doctor takes and the rapport he/she builds with you.

Information to give:
- You got to the party at about 9pm.
- Can’t be sure how much alcohol (vodka shots) you have drunk but feel really drunk.
- You take no medication apart from taking the progesterone-only pill.
- No allergies to medicines
- You started to cut yourself about a year ago (left arm)
- Never spoken to anyone about the self-harm
- Not exactly sure of time you took the tablets, but it was about 11pm (45 minutes ago)
- You took 24 tablets of 500mg paracetamol and didn’t vomit afterwards
- This is your 1st overdose

Information to give if asked appropriately:
You should only withhold the information about the overdose if the doctor has made you feel uncomfortable. However, the doctor’s approach may alter how early in the scenario you tell them.
Emma is tearful getting ready to leave the department.

**Expected Actions:**
- Introduce self
- Confirm Emma is trying to leave
- Builds rapport
- Obtains consent to move to quieter area with nurse chaperone

**Quiet Discussion**
*In presence of nurse chaperone*
SP improvisation: Emma ad lib her responses depending on the approach taken

**Expected Actions:**
- Calm, non-judgemental approach
- Explain of conversation content & confidential nature
- Gather information regarding events leading to self harm

**Non-disclosure**
Scenario ends prematurely

**Disclosure of OD**

**Expected Actions:**
- Explore circumstances of OD
- Offer Charcoal
- Provide explanation of OD risks
- Inform Emma of antidote availability
- Explain need for blood test and cannula
- Request weighing
- Obtain consent for CAHMS ref

**Resolution:**
- Mum called, CAHMS referral made
- Accepts admission, wound closure

**LOW**
Visibly reassured, less anxious
Agrees to IV access, bloods & mum being informed

**NORMAL**
Remains v. anxious. Reassured with time
Refuses IVA but allows levels
Refuses consent to inform mum

**HIGH**
Becomes increasingly anxious and withdrawn.
Refuses bloods/IVA/CAHMS/Informing Mum

Version 9 – May 2015
Editor: Dr Andrew Darby Smith
Original Author: Dr R Furr
DEBRIEFING

POINTS FOR FURTHER DISCUSSION

HOW SHOULD A CONVERSATION WITH AN ADOLESCENT BE SUCCESSFULLY CONDUCTED?

- Importance of introduction
- Ask permission to hold conversation
- Frame topic of the conversation
- Non-confrontational approach
- Avoidance of being patronising
- Honesty
- Confidentiality and when it can be broken

RULES OF TEENAGE CAPACITY?

- Forrest or Gillick competency
- Agreement to treatment vs refusal/withdrawal – parental decision

PARACETAMOL OVERDOSE TREATMENT WITH N-ACETYLCYSTEINE (N-AC):
Changes to guidance (2012)

- There is now a single treatment line, regardless of hepatotoxicity risk
- Duration of administration of the first dose of IV N-AC is increased from 15 minutes to 1 hour
- Removal of ‘hypersensitivity’ as a contraindication to N-AC treatment
- Provision of weight-based N-AC dosing tables for adults and children

DEBRIEFING RESOURCES

Guidance on changes (2012) to treatment of paracetamol overdose, with link to proforma for paracetamol overdose
http://secure.collemergencymed.ac.uk/shop-floor/clinical%20guidelines/clinical%20guidelines/paracetamol%20overdose/

Explanation of Gillick Competence and confidentiality (by Oxford Radcliffe Hospital)
http://confidential.oxfordradcliffe.net/gillick
KEY POINTS

• Communication/Non-technical skills to facilitate care
• Taking a teenage history
• Capacity in teenagers
• Importance of uncovering a ‘hidden agenda’
• Changes to the paracetamol overdose algorithm

FURTHER RESOURCES

Guidance on changes (2012) to treatment of paracetamol overdose, with link to proforma for paracetamol overdose
http://secure.collemergencymed.ac.uk/Shop-Floor/Clinical%20Guidelines/Clinical%20Guidelines/Paracetamol%20Overdose/

Explanation of Gillick Competence and confidentiality (by Oxford Radcliffe Hospital)
http://confidential.oxfordradcliffe.net/Gillick
## RELEVANT AREAS OF THE CURRICULUM

### Level One

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1_GEN_STA_02</td>
<td>Effective responses to challenge, complexity and stress in paediatrics</td>
</tr>
<tr>
<td>L1_GEN_STA_05</td>
<td>Effective skills in paediatric assessment</td>
</tr>
<tr>
<td>L1_GEN_STA_08</td>
<td>Knowledge, understanding and recognition of common, behavioural, emotional and psychosocial aspects of illness in children and families</td>
</tr>
<tr>
<td>L1_GEN_STA_13</td>
<td>An understanding of safeguarding and vulnerability in paediatrics</td>
</tr>
<tr>
<td>L1_GEN_STA_15</td>
<td>Knowledge of common and serious paediatric conditions and their management</td>
</tr>
<tr>
<td>L1_GEN_STA_22</td>
<td>Knowledge of the law regarding paediatric practice</td>
</tr>
<tr>
<td>L1_GEN_STA_26</td>
<td>An understanding of effective communication and interpersonal skills with children of all ages</td>
</tr>
<tr>
<td>L1_GEN_STA_27</td>
<td>Empathy and sensitivity and skills in engaging the trust of and consent from children and their families</td>
</tr>
<tr>
<td>L1_GEN_STA_28</td>
<td>Understanding of listening skills and basic skills in giving information and advice to young people and their families</td>
</tr>
<tr>
<td>L1_GEN_STA_29</td>
<td>Effective Communication and interpersonal skills with colleagues</td>
</tr>
<tr>
<td>PAED_L1_GAST_ACU_LIVER_03</td>
<td>Know the management of paracetamol poisoning</td>
</tr>
</tbody>
</table>

### Level Two (as above plus):

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L2_GEN_STA_02</td>
<td>Increasing credibility and independence in response to challenge and stress in paediatrics</td>
</tr>
<tr>
<td>L2_GEN_STA_08</td>
<td>Effective skills in recognising and responding to behavioural, emotional and psychosocial aspects of illness in children and families</td>
</tr>
<tr>
<td>L2_GEN_STA_13</td>
<td>Effective skills in the assessment of cases of safeguarding and in contributing to their management</td>
</tr>
<tr>
<td>L2_GEN_STA_15</td>
<td>Extended knowledge of common and serious paediatric conditions and their management</td>
</tr>
<tr>
<td>L2_GEN_STA_22</td>
<td>Knowledge of the law regarding death, data protection, confidentiality and consent in paediatrics</td>
</tr>
<tr>
<td>L2_GEN_STA_26</td>
<td>A commitment to effective communication and interpersonal skills with children of all ages</td>
</tr>
<tr>
<td>L2_GEN_STA_27</td>
<td>Improving skills in building relationships of trust with children and their families</td>
</tr>
<tr>
<td>L2_GEN_STA_28</td>
<td>Increasing confidence in giving advice to young people and their families</td>
</tr>
<tr>
<td>L2_GEN_STA_29</td>
<td>Skills in ensuring effective relationships between colleagues</td>
</tr>
<tr>
<td>L2_GEN_STA_32</td>
<td>Effective skills in ensuring handover, referral and discharge procedures in paediatrics</td>
</tr>
<tr>
<td>PAED_L2_SAFE_ACU_DSH_01</td>
<td>Recognise this as an expression of distress, acute or long-term</td>
</tr>
<tr>
<td>PAED_L2_SAFE_ACU_DSH_02</td>
<td>Recognise repeated self-harm as indicating serious emotional distress</td>
</tr>
<tr>
<td>PAED_L2_SAFE_ACU_DSH_03</td>
<td>Be able to refer to the CAMHS team</td>
</tr>
</tbody>
</table>
Level Three (as above plus):

| L3_GEN_STA_01 | A commitment to advocate for the individual child in his/her particular context |
| L3_GEN_STA_02 | Responsibility for an effective response to complex challenges and stress in paediatrics |
| L3_GEN_STA_08 | Effective skills in ensuring the management of behavioural, emotional and psychosocial aspects of illness in children and families |
| L3_GEN_STA_15 | Detailed knowledge of common and serious paediatric conditions and their management in General Paediatrics |
| L3_GEN_STA_22 | Detailed knowledge of the law regarding death, data protection, confidentiality and consent in paediatrics |
| L3_GEN_STA_26 | Effective strategies to engage children in consultations and in the management of their care |
| L3_GEN_STA_27 | Effective skills in conveying and discussing difficult information, including death, bereavement, with young people and their families |
| L3_GEN_STA_28 | Effective skills in giving information and advice to young people and their families in common and complex cases |
| L3_GEN_STA_34 | Exemplary professional conduct so as to act as a role model to others in providing safe clinical care |
| L3_GEN_STA_35 | Responsibility for ensuring their own reliability and accessibility and that of others in their team |
PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?
**PARTICIPANT FEEDBACK**

Date of training session: .........................................................................................................................

Profession and grade: .................................................................................................................................

What role(s) did you play in the scenario? (Please tick)

- Primary/Initial Participant
- Secondary Participant (e.g. ‘Call for Help’ responder)
- Other health care professional (e.g. nurse/ODP)
- Other role (please specify): ........................................................................................................................

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I found this scenario useful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand more about the scenario subject</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have more confidence to deal with this scenario</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The material covered was relevant to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.
FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn’t it go well?

How could the scenario be improved for future participants?