SELF HARM & UNDISCLOSED OVERDOSE

MODULE:  EMERGENCY MEDICINE

TARGET:  EM ST4-6 TRAINEES

BACKGROUND:

Although the rate of adolescent suicide is falling in the UK, the incidence of self-harm is rising and (approximately 140,000 attendances to the ED per annum) is now believed to be the highest rate in Europe. 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, it is considered a ‘red flag’ for the existence of underlying psychiatric or psychosocial disorders and, if occurring on a frequent basis, for suicide.

RELEVANT AREAS OF THE CURRICULUM

- CC1  History taking
- CC2  Clinical examination
- CC3  Therapeutic and safe prescribing
- CC4  Time management and decision making
- CC5  Decision-making and clinical reasoning
- CC6  Patient is the central focus of care
- CC7  Prioritisation and patient safety in clinical practice
- CC8  Team working and patient safety
- CC12 Relationship with patient and communication in consultation
- CC15 Communication with colleagues and cooperation
- CC18 Valid consent
- CC19 Legal framework for practice
- CC21 Guidelines and evidence-based care
- CC24 Personal behaviour
- PAP2  Accidental poisoning, poisoning and self-harm
- HAP25  Poisoning
INFORMATION FOR FACULTY

LEARNING OBJECTIVES

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

SCENE SETTING

Location: Paediatric Emergency Department (either bedside or sideroom depending on scenario)
Expected duration of scenario: 15mins  Expected duration of debriefing: 30mins

EQUIPMENT AND CONSUMABLES

Tissues
Dressing over left volar aspect of left forearm
Bedside area
Quiet/Sideroom area

PERSONNEL-IN-SCENARIO

Emma – patient actor
Paediatric nurse (as chaperone)

PARTICIPANT BRIEFING

Patient name: Emma Jones  Age: 16 year old

It is 11.45pm and you have been asked to urgently assess Emma who is requesting to leave the paediatric ED.

Background: Emma 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 laceration 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

PATIENT BRIEFING

You are Emma Jones, 16 year old girl. You have self-harmed and taken a paracetamol overdose at party after becoming intoxicated with alcohol and cannabis.

Background:
• M&D got divorced six months ago
• No siblings.
• Legal guardian – Mum
• 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 has self-harmed in the past (with a small pocket knife)
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 fresher’s party at the university over the weekend with her and some of her friends.
- So, you lied to your mum 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.
- So, in an attempt not to stand out too much, you joined in the drinking games.
- As yo had never played drinking games before, you ended up drinking a lot of vodka quickly.
- Feeling really sick, you opted to find a quiet corner of the party and smoke some cannabis instead.
- This just made things worse.
- 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
- Until now, cutting yourself has been your secret; no-one knew. You started when M&D were arguing.
- You didn’t feel in control anymore and just wanted everything to go back to how it was; cutting yourself made you feel a little better and more in control.
- So, you went to the bathroom. Where you came across a pair of nail scissors and some tablets in blister pack (paracetamol).
- Using the scissors, you then cut yourself (left forearm) but unlike usual, it didn’t make you feel any calmer or more in control, instead making you more upset.
- In desperation, you took all of the tablets as well (1st time). Unfortunately, they don’t seem to make any difference either.

It was Lucy that found you in the bathroom:
- She thought that you were drunk, felt sick and gone to the bathroom to throw up.
- Then, she noticed the cuts on your forearm and really ‘freaked’ out, telling you how you were being stupid and making her feel very angry.
- 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 ever 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.

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

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 10pm.
- 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 stared to cut yourself about a year ago (left arm although you have cut the inside of your left thigh as well in the past)
- Never spoken to anyone about the self-harm

Information to give if appropriately asked:
You should only withhold the information re the overdose if the doctor has made you feel uncomfortable. However, doctor’s approach should how early in the scenario you tell them.

The doctor will need some specific information from you:

- Not exactly sure of time you took the tablets but it was about 11pm (about 45 minutes ago)
- 24 tablets of 500mg paracetamol consumed.
- You didn’t vomit after.
- This is your 1st overdose

IN-SCENARIO PERSONNEL BRIEFING

Paediatric Nurse (chaperone):
This role is relatively passive, echoing and reinforcing the doctor where appropriate, while supporting Emma.

ADDITIONAL INFORMATION

Competency:
At the age of 16, children are presumed to be competent to make decisions about their care, specifically, they can agree to treatment. Ideally, these decisions made should occur with the involvement of the child’s parents or legal guardian. In Emma’s case, despite having been drinking and smoking cannabis, her capacity to make decisions regarding her care should be presumed to be intact until proven otherwise. There is no specific test for this however the child should have:

- the ability to understand that there is a choice and that choices have consequences
- the ability to weigh the information and arrive at a decision
- a willingness to make a choice (including the choice that someone else should make the decision)
- an understanding of the nature and purpose of the proposed intervention
- an understanding of the proposed intervention’s risks and side effects
- an understanding of the alternatives to the proposed intervention, and the risks attached to them
- freedom from undue pressure.

Children and Young People toolkit, BMA, 2012.
Expected Actions:
- Introduce self
- Confirm Emma is trying to leave
- Builds rapport
- Obtains consent to move to quieter area with nurse chaperone

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

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
- Offer to contact mum

Resolution:
- Mum called, CAHMS referral made
- Accepts admission, wound closure and overdose treatment
DEBRIEFING

POINTS FOR FURTHER DISCUSSION

HOW SHOULD A CONVERSATION WITH AN ADOLESCENT/TEENAGER BE SUCCESSFULLY CONDUCTED?
• Importance of intro
• Ask permission to hold conversation
• Frame topic of the conversation
• non-confrontational approach (use of setting?)
• 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

ASSOCIATED TOPICS
• Mental Capacity Act
• Mental Health Act

DEBRIEFING RESOURCES
• Children and Young People toolkit, BMA, 2012
• www.youngminds.org.uk
• Child Mental Health, NICE
• Royal College of Paediatrics and Child health
• www.cahms.org.uk
• enlightenMe
• CEM website
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

RELEVANCE TO THE CURRICULUM

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WORKPLACE-BASED ASSESSMENTS

| PAP2 | Accidental poisoning / poisoning & self-harm |
| HAP25 | Poisoning |

FURTHER RESOURCES

*Children and Young People toolkit, BMA, 2012*

[www.youngminds.org.uk](http://www.youngminds.org.uk)

Child Mental Health, NICE

[Royal College of Paediatrics and Child health](http://www.cahms.org.uk)

enlightenme

CEM website
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):
  ........................................................................................................................................
- Observer

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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.
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?