Psychiatric Emergencies Offshore

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Acute Psychiatric Emergencies

- Increased awareness of mental health issues
- Scale of the problem
- High profile incidents
- Topside Medical Forum Working Group
- Hosted on the EPOL website



ACUTE PSYCHIATRIC EMERGENCIES

A Practical Approach in the Remote Environment

Psychiatric Emergencies Offshore

Prevention
De-escalation
Transportation



Preventing the Emergency

Early Recognition
Good Leadership
Workforce Training
Planning Return to Work



De-escalation - Environmental aspects

- Plan to use a calm area with adequate space
- Consider triggers
- Identify hazards (objects, ligature points, poisons)
- Method to call for assistance and expected response
- Locate exits



De-escalation - Verbal

- Introduce yourself clearly
- Be human
- Ask the persons concerns, aims and intentions
- Set limits of acceptable behaviour
- Listen Summarise and Reflect back
- Encourage expression of feelings and emotions
- Don't reinforce delusions



De-escalation - Behavioural aspects

- Maintain an appropriate distance
- Do not approach in a way that may be perceived as threatening
- Consider your own
 - body language
 - facial expression
 - level of eye contact
 - don't get angry
- Ensure the person is offered adequate information



Manual Restraint

- Must be Justifiable, Appropriate and Reasonable
- Must not interfere with Airway, Breathing or Circulation
- Must not prevent patient communication

- Used for the shortest possible time
- Early use of oral medication to reduce anxiety and agitation



Pharmacological Intervention

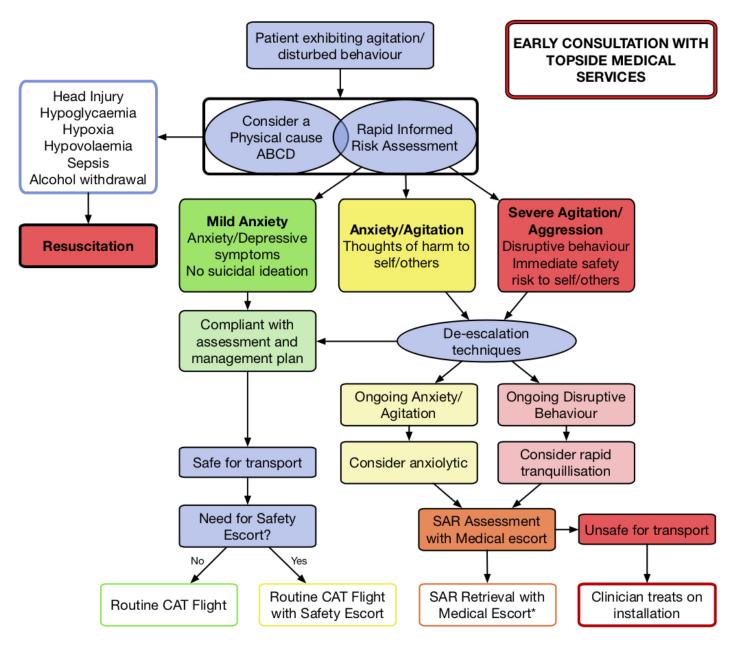
Anxiolytic – Lorazepam Antipsychotic – Olanzapine Oral medications



Transportation

- Risk assessment
- Topside Medical Provider
- Helicopter Operator
- Coastguard
- SAR
- Communication





Psychiatric Emergencies Offshore Summary

Prevention - spot the early signs

De-escalation - don't make the problem worse

Transportation - helicopters can be dangerous

