

Safety of the paramedic, patient and bystanders is the key priority. Always consider organic causes for the patient's presentation (hypoxia, hypoglycaemia etc.)

Treatment:**1. Scene safety assessment**

- History of violence or use of weapons
- Threats or inappropriate gestures
- Substance use, especially alcohol or stimulants

N.B. If the scene appears to be a safety risk or you suspect weapons may be present, stand off and call for immediate police assistance

2. Behavioural Assessment

- History of impulsiveness or risk taking behaviour
- Agitated behaviour
- Current disturbed mental state such as mania, hallucinations, delusions or paranoia

N.B. Communication and de-escalation are first line management for behavioural management

3. Establish rapport

- Calmly identify yourself to the patient
- Ask the patients name and main concerns
- Reassure the patient
- Effectively communicate with simple words and sentences

4. Assess current state of mental health

- Signs and symptoms that indicate an abnormal or unusual state of mental health
- Thoughts that indicate delusions, hallucinations, suicidal ideas, or illogical thinking
- Appearance of the patient
- Threats or acts by the patient that are potentially harmful to self or others
- Emotions of the patient considered to indicate feelings of sadness, distress, anger or hopelessness

Consult family and friends to establish if the current behaviour is out of character, how long it has been evident and what coping mechanisms are usually deployed.

5. Assess for clozapine toxicity

Clozapine is an effective antipsychotic for the management of treatment-resistant schizophrenia. It has a narrow therapeutic index and significant toxic side effects. **In patients taking clozapine cessation of smoking can cause toxicity**

- Ask if the patient is currently taking clozapine and ask if the patient has recently stopped smoking or reduced number of cigarettes smoked.
- If **yes** to both questions, include this information in clinical handover



5. Assess for clozapine toxicity continued

- Look for signs of toxicity: sedation, hypotension, hypersalivation, akathisia (Restless Leg Syndrome), neurological adverse effects including seizures
- If toxicity is suspected or a patient taking clozapine has recently ceased smoking it is vital that this information is included in clinical handover.

6. If at risk of suicide – Refer protocol S6**7. Patient management – Protocol A7 and Skill 104.13****8. Determine patient disposition**

- Transport principles – As per Urgent Transport Protocol A8 and the Mental Health Emergency Response Memorandum of Understanding
- If the patient is co-operative ensure that a minimum of 2 sets of ABCD physical examinations and physiological observations are made and recorded on the Clinical Record. If the patient objects to observations being taken record the reason on the Clinical Record and observe the patient
- Section 20 (S20) of the Mental Health Act 2007 – if the mental health assessment indicates the need for the patient to be taken to hospital for further assessment and the patient refuses to come voluntarily, S20 may be used to take the patient to hospital against their will. Patients being transported under S20 of the Act must be taken to a Declared Mental Health Facility
- Record on the clinical record that a mental health assessment has been conducted (including if powers under the Mental Health Act 2007 have been enacted)

The Mental Health Line (**1800 011 511**) is available 24/7 for the community (including paramedics) to call for advice on mental health related issues.

