Emergency analgesia and sedation

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Plan

- A little bit of ethics
- Some sore, agitated and reluctant patients
- Pragmatics of management
- Documentation


NEW ZEALAND
Ninety Mile Beach
Bay of Islands
Paihia
Northland
Great Barrier Island
Whangaparoa Bay
Auckland
Bay of Plenty
Hamilton
Rotorua
Lake Taupo
Gisborne
Mt Taranaki/ Egmont
Mt Tongariro
Napier
TASMAN SEA
North Island
Palmerston North
Wellington
Cook Strait
Nelson
Greymouth
PACIFIC OCEAN
Harihari
Christchurch
Mt Cook
Mt Cook National Park
Timaru
Lake Wanaka
Lake Hawea
South Island
Queenstown
Lake Te Anau
Southland
Dunedin
Otago
Invercargill
Stewart Island
0 200 km
0 100 miles


Bulgaria
Macedonia
Albania
Greece
Turkey
Istanbul
Black Sea
Sea of Marmara
Thessaloniki
Thracian Sea
Thassos
Samothrace
Lemnos
Thermaic Gulf
Corfu
Skiathos
Alonissos
Sporades Islands
Aegean Sea
Lesvos
Skopelos
Skiros
Chios (Hios)
Leucas
Ionian Islands
Euboea (Evia)
Ithaca
Cephalonia
Patra
Athens
Andros
Tenos (Tinos)
Samos
Ikaria
Zante
Aegina
Tzia
Ionian Sea
Gulf of Corinth
Kithnos
Cyclades Islands
Paros
Naxos
Serifos
Leros
Kalimnos
Cos (Kos)
Seriphos
Gulf of Argolis
Amorgos
Ios
Gulf of Messinia
Melos
Astipalea
Rhodes
Rhodes (Rodos)
Gulf of Laconia
Kythria
Santorini
Dodecanese Islands
Lindos
GREEK ISLES
Crete (Kriti)
Sea of Crete
Carpathos
Chania
Irakleio
Kassos
Mediterranean Sea
100 km
50 miles
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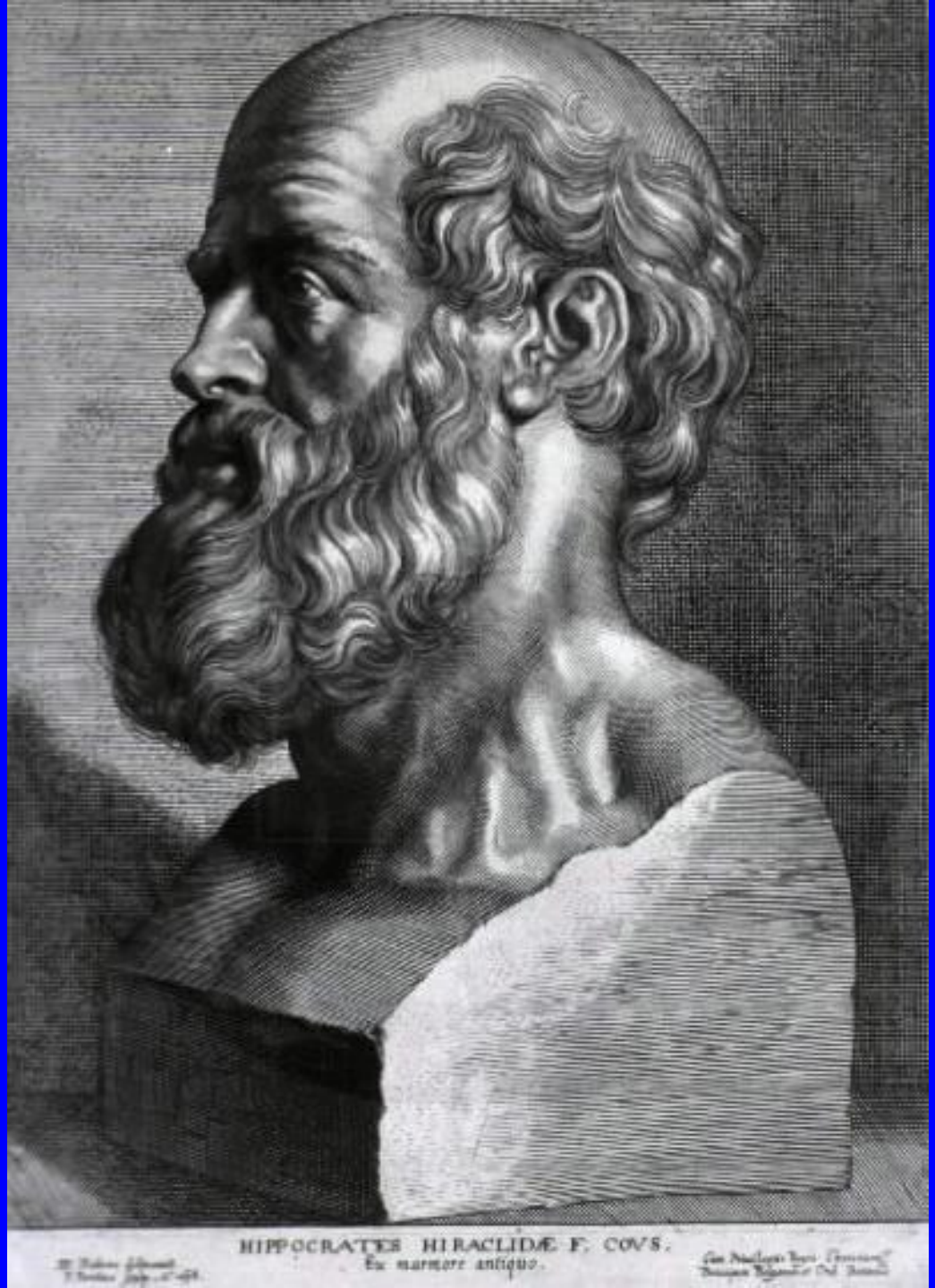
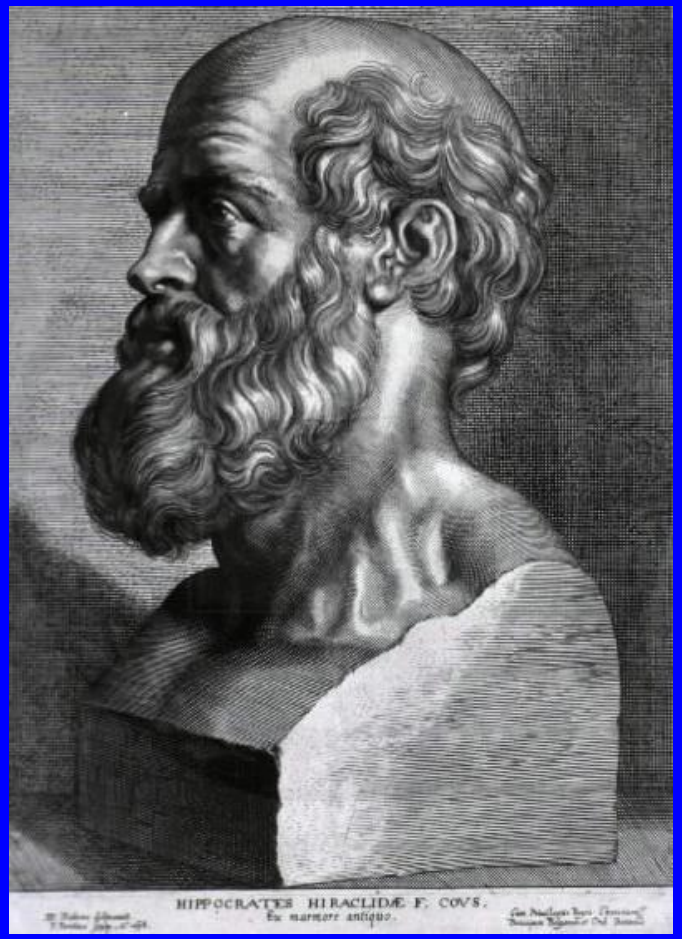

HIPPOCRATES HERACLIDÆ F. COVS.
Ex marmore antiquo.

Hippocrates from the island of Kos.

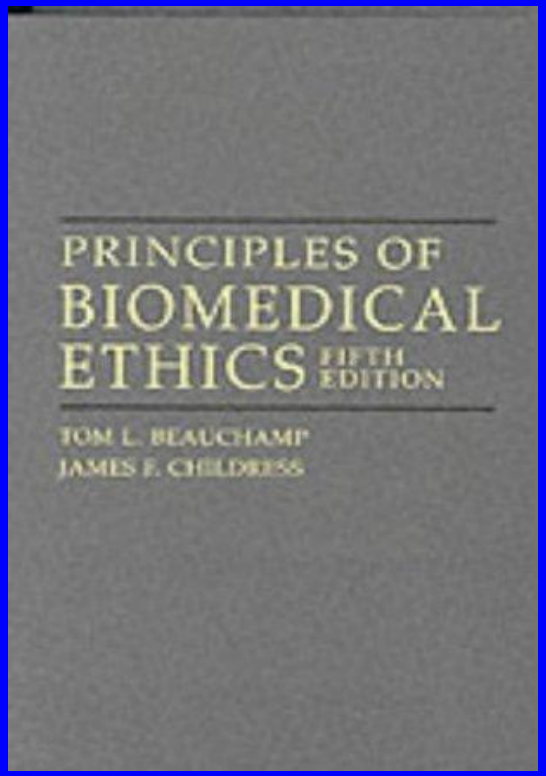
- Try to help.
- At least do no harm.



But we had a falling out.

After a couple of millennia medicine, guided by Hippocratic ethics, was seen to be paternalistic.

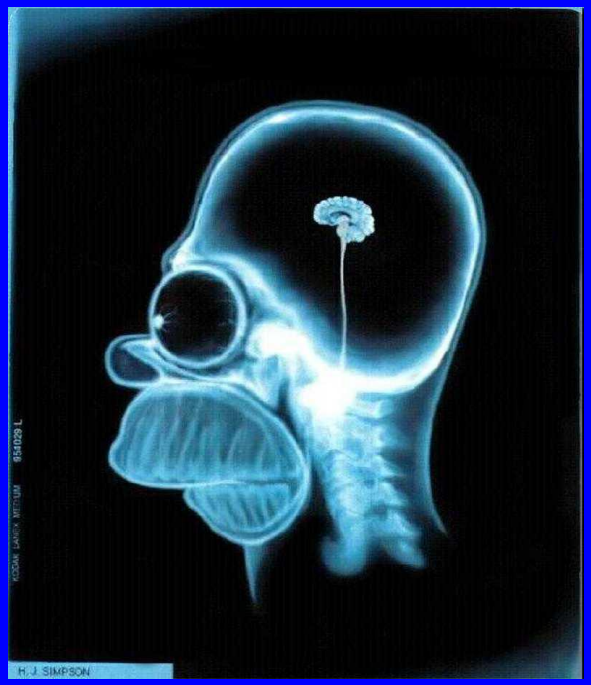
Four principles



1. Respect for autonomy.
2. Beneficence.
3. Non-maleficence.
4. Justice.

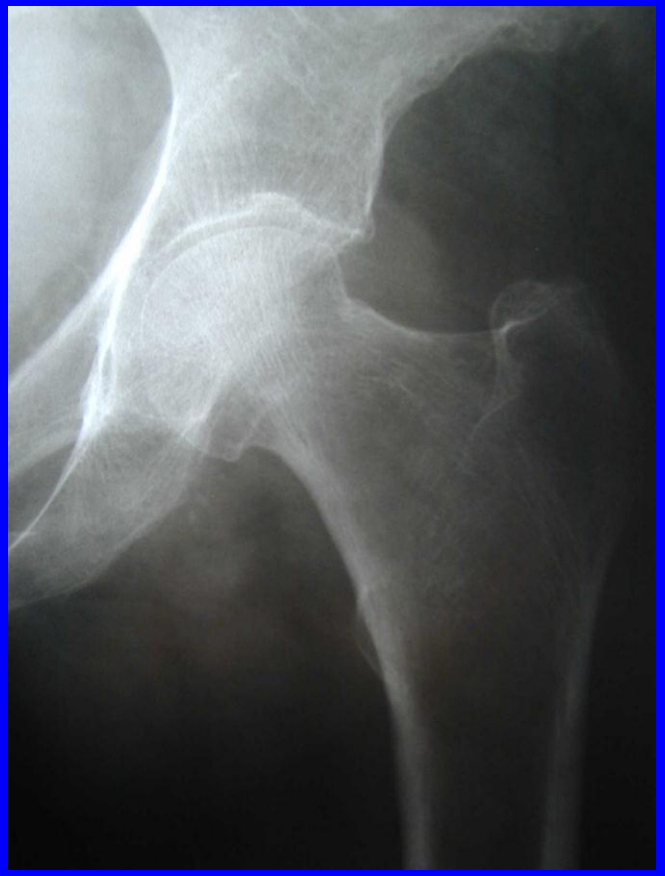

The head injury man wants to go home, should we let him?
with help from the Spice Girls.

A 30 year old intoxicated man with a bleeding wound above his right ear, is wanting to take his own discharge.



Mabel

- 77 years old, living alone, son and daughter in law in town
- Slipped on a grape in the fruit and vege section of Countdown
- Left impacted subcapital # NOF



“It was God’s cruelest punishment of Adam and his descendents, ensuring that the vigor of youth and the wisdom of age meet only in passing.
If I was young I might have your operation, but I am wise, and I will not.”

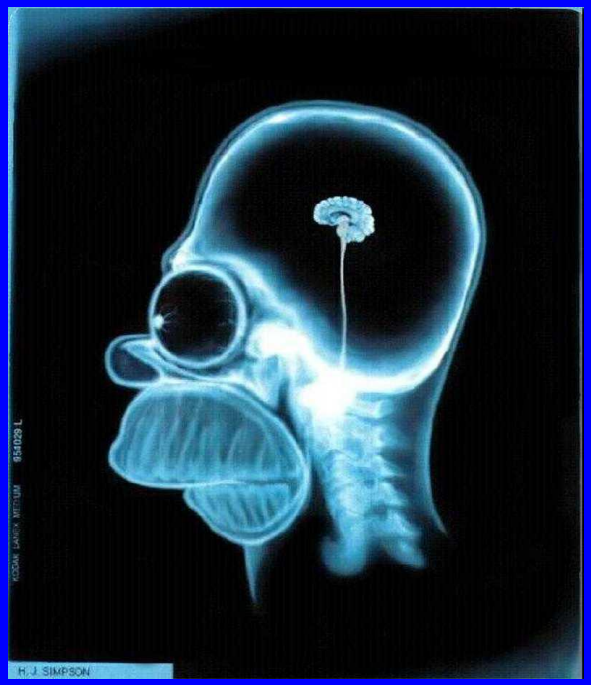
What do we do?

John

- 42 year old man brought in by relatives and left in waiting room
- Family concerned he was threatening to kill himself with a kitchen knife at this throat
- Nurse notices he gets up and heads for the door

What should she do?

A 30 year old intoxicated man with a bleeding wound above his right ear, is wanting to take his own discharge.



The Case - history

- Jacko
- 30s
- Presented Saturday night after a fight at a night club, apparently hit over the head with a piece of furniture.
- Loss of consciousness for a few minutes.

The Case - initial obs

- GCS 14 - disorientated in time
- Up and about, moving all limbs
- Pupils equal and reactive
- Laceration above right ear

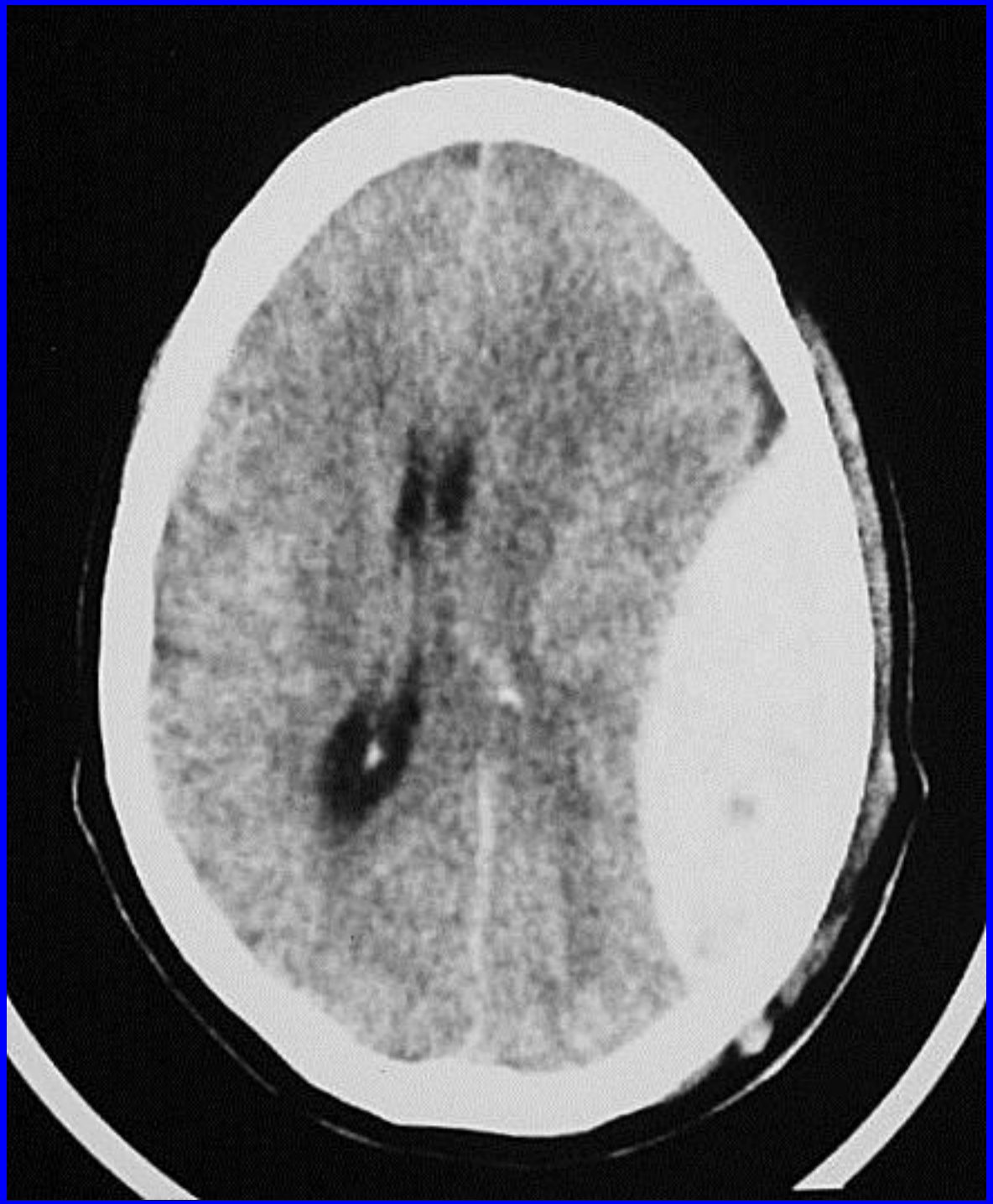
The Case - progress

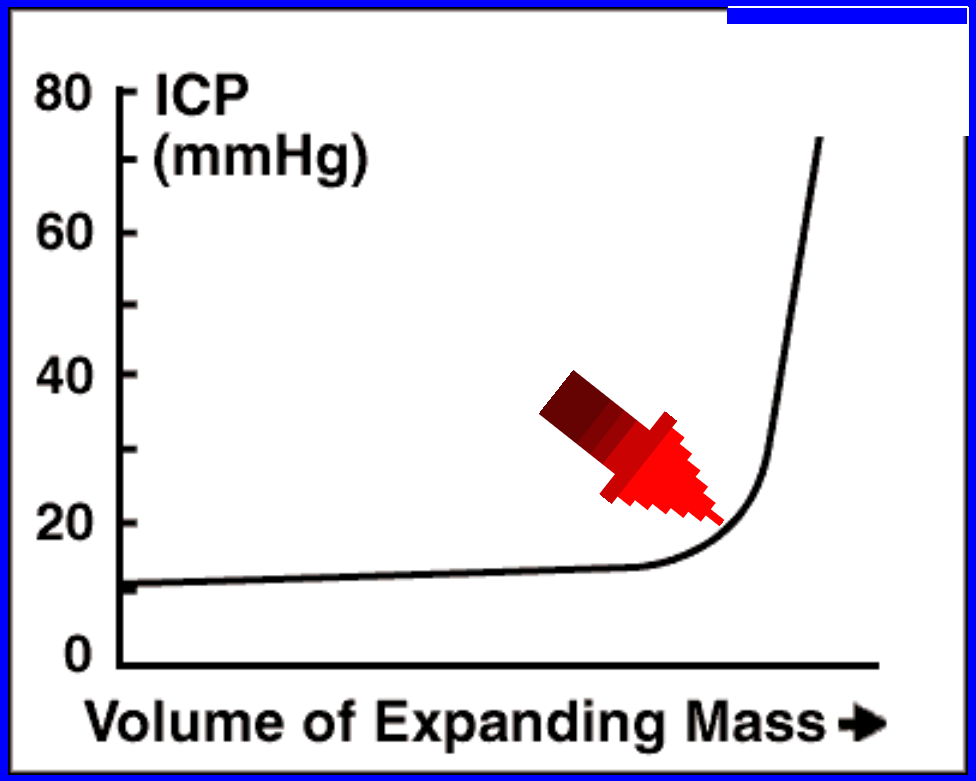
- Been in the ED 2 hours (now nearly 3 hours post injury) - increased agitation, swearing, unwilling to have his observations formally re-assessed
- Possibly still confused - will not answer questions about time, place and person.
- Wound not bleeding, but does need attention.

Case - progress

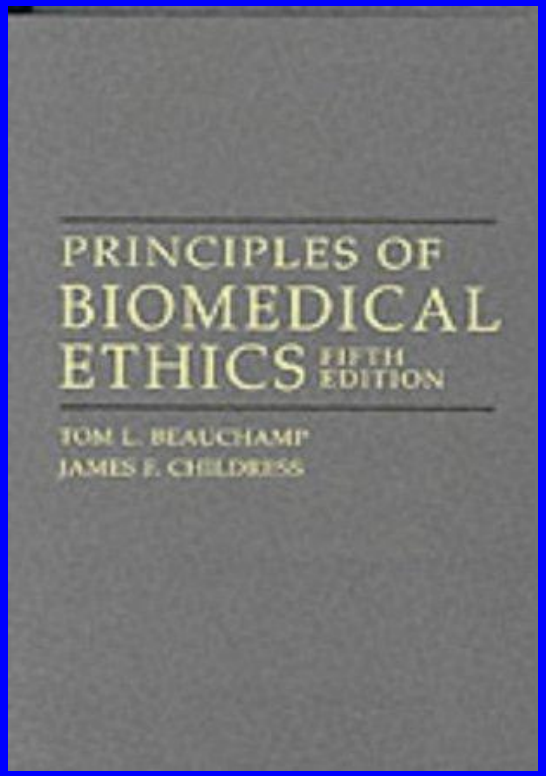
- “I’m ******* getting out of this ******* dump”
- He gets off his stretcher, and looks for the way out
- You talk to him and advise him to stay, but he swears and looks around for a way out.

Do you let him go?




80
ICP
(mmHg)
60
40
20
0
Volume of Expanding Mass

Four principles



1. Respect for autonomy.
2. Beneficence.
3. Non-maleficence.
4. Justice.

“Autonomy means people are allowed to make the wrong decision”

Mrs. H says, “you’re not taking my foot off,” to the surgeon who has been called to the ED to assess her ischaemic, cellulitic, diabetic foot.

The surgeon replies, “well it’s up to you,” pats her on the shoulder and walks away.

Is this respect for autonomy?

Rob is a university student with fever, a petechial rash and agitation. “Leave me alone, I want to go home,” he says over and over. “Well, we had better let him,” says the nurse.

Is this respect for autonomy?

JD and her boyfriend had a suicide pact.
She went first.
She refuses treatment and he says he will sue if you do.
You back off.

Is this respect for autonomy?

“Tell me what you want, what you really, really want”

Respecting Autonomy

- Does the patient know enough?
  - (information).
- Can the patient think enough?
  - (competence, among other things).
- Is the patient free enough?
  - (coercive influences such as us, family, psychiatric illness).

Of these three, thinking enough (competence) is the tricky one

Competence is mostly about understanding

Background to understanding

- Capacity to understand
  - Level of consciousness (GCS).
  - Influence of intoxication (clinical assessment and possibly levels).
  - Possibly a cognitive assessment (but probably not).
- Prerequisites for understanding
  - Can he hear me OK?
  - Is his short term memory good enough?

Actual understanding

Has he grasped;

- The problem?
- The options to address the problem?
- The consequences of the options?

Mostly to do with understanding, but;

Giving a reason for his decision is the cherry on top of the competence cake

We might stop him going home

If

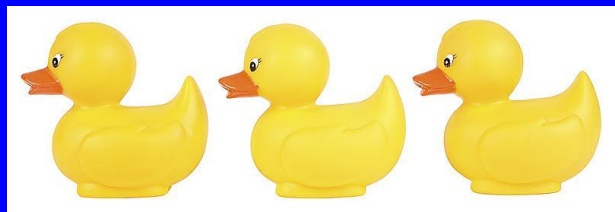
- There were good beneficent and non-maleficent justifications.

AND

- He was unable to appreciate adequately the threat, because he did know enough (inadequately informed), couldn't think enough (impaired competence) or wasn't free enough (coercive influences) - i.e. the wish he expressed was not an autonomous one.

AND

- There is reason to believe, that his true autonomous wish, was he able to express it, would be to accept treatment.



Hierarchy of Acts used to gain control.

- Orientation and reassurance.
- Bargaining.
- Threats.
- Chemical placation.
- Physical restraint.
- Chemical sedation.

Non chemical sedation

- Orientate and reassure
- Bargain and threaten
- Allow self selected positioning
- Splint fractures and dress wounds
- Drain the bladder
- Permit smoking

Chemical sedation

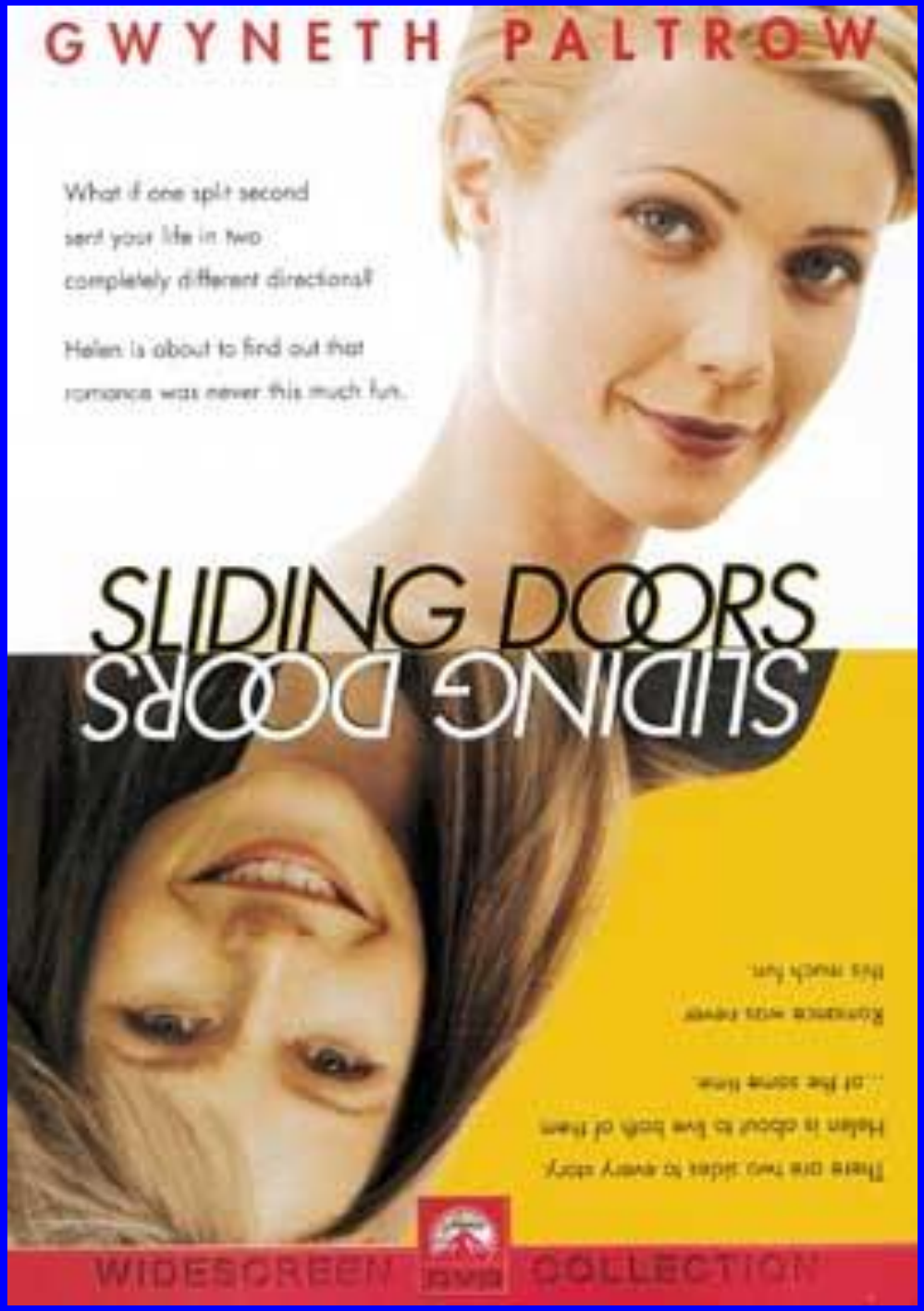
1. In pain
   - Morphine IV
     - Titrated to effect and side effect, starting at 1 to 5mg and going up to 20mg total, if necessary
   - Nitrous oxide
   - Penthrox (methoxyflurane)
   - Oral analgesics

Chemical sedation

2. Overdose of psychoactive drug/stimulant
   - Benzodiazepine
     - Midazolam IV or IM,
     - Diazepam IV or p.o.
     - Titrated to effect and side effect, starting between 1 and 5mg and going up to 20mg total.
     - Side effects relate to airway and breathing – therefore need to be able to manage.
     - Flumazenil not appropriate in this context.

Chemical sedation

3. Primary agitation or psychosis
   - Haloperidol
     - IV or IM starting between 1 and 5mg and going up to 20mg total
     - May lower seizure threshold
   - Olanzepine
     - p. o. or IM 5 to 10mg


GWYNETH PALTROW
What if one split second
sent your life in two
completely different directions?
Helen is about to find out that
romance was never this much fun.
SLIDING DOORS
WIDESCREEN COLLECTION

The Case - version 2

- Jacko
- 30s
- Presented Saturday night after a fight at a night club, apparently a glass object hit him in the head.
- No loss of consciousness reported.
- Been in the ED 4 hours.

The Case - version 2

- GCS remains 15
- Very concerned about the wait
- “Yes doc, I know there is a risk of bleeding in my head, I know I could die if that happened, but I really need to go.”
- He left his girlfriend at the night club, potentially exposed to the advances of another man.

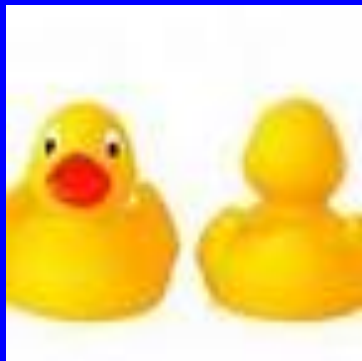
We might let him go home

If

- There were not good beneficent and non-maleficent justifications to stop him going.

OR

- He was able to appreciate adequately the threat, (including knowing enough, thinking enough and being free enough), and chose to go.



H and DC Code

Right 7(4); ..if the patient is not competent to make an informed choice and give informed consent, and no person entitled to give consent on behalf of the patient is available, a doctor may provide services without obtaining informed consent of the patient when:

a) it is in the best interests of the patient (beneficence and non maleficence) ; and

b) reasonable steps have been taken to ascertain the views of the patient; and either

c) the provider believes, on reasonable grounds, that the provision of the service is consistent with the informed choice that the patient would have made if he or she were competent (what the patient really really wants) ; or

d) if the patient's views have not been ascertained, the provider takes into account the views of other suitable people who are interested in the welfare of the patient and available to advise the provider.

Don’t forget mitigation

- We can sometimes mitigate the reasons patients are refusing care, so they find care more acceptable
- We can sometimes mitigate the harms of missing out on care, so their risk of harm is reduced

Whether he stays or goes, your documentation needs to be good.

ABC approach to documentation when a patient leaves against advice, or is kept against his will

- **A**utonomy – how was it respected?
- **B**eneficence and non-maleficence – what was the assessment of these?
- **C**oncordance – was the outcome concordant with A and B?

Documentation - A

- We must document the way we respected the patient's autonomy
  - For example

    'Discussed with patient, clearly impaired, unable to repeat things I just told him, no understanding of the risk of his condition….'

    Or

    'Discussed with patient, told him of the possibility of EDH etc, and he displayed good understanding of the condition, the risk and the options…..'

Documentation - B

- Beneficence and non-maleficence
  - For example

    Impression

    - ‘Nature of injury, clinical condition and trend may represent EDH, or other significant pathology.’

    Or

    - ‘EDH, or other significant pathology, very unlikely based on history, examination and subsequent trend.’

Documentation - C

- Concordance
  - For example
    - ‘Discussed with patient, clearly impaired, unable to repeat things I just told him, no understanding of the risk of his condition….’

    and

    - ‘Nature of injury, clinical condition and trend may represent EDH, or other significant pathology’

    and

    - ‘No cooperation despite attempts, so brief restraint and then sedation to allow treatment’

In summary

→ Modern ethics includes respecting the patient's autonomy (as well as consideration of beneficence and non maleficence).

→ Respecting autonomy means considering what the patient would say if he knew enough, could think enough and was free enough.

→ Thinking enough (competence) is about understanding of the problem, the options to address the problem, and the pros and cons of the options.