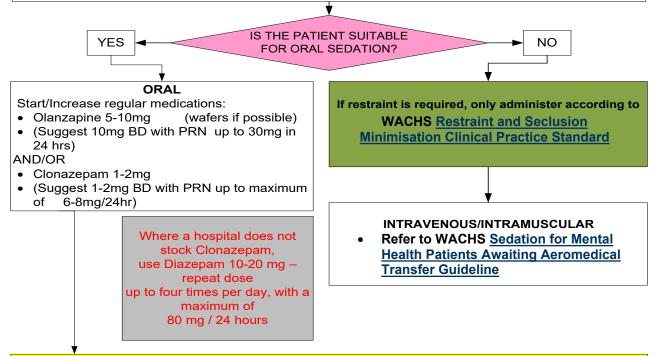
Sedation Process for Mental Health Patients Flowchart

This process is subject to alteration dependent on clinical circumstances, reasons for which should be documented.

Adult mentally unwell client presents to Emergency Department displaying disturbed behaviour including violence, aggression, agitation. TRIAGE: Rate according to ATS descriptors in WACHS Triage, Assessment and Management in the Emergency Department - Clinical Practice Standard If possible, seek appropriate additional security and move to low stimulation area.

Use de-escalation strategies: respect personal space, establish verbal contact, avoid prolonged eye contact, use simple language, offer support, listen carefully, set clear limits, offer choices.

- Medical assessment, including physical and neurological examination, for underlying organic conditions should be undertaken within 24 hours.
- Attempt to manage with de-escalation strategies, and low stimulus environment.



If unable to sedate adequately and patient remains disturbed causing safety concern, consult with Consultant Psychiatrist or Rurallink (1800 552 022) for further psychiatric advice and ETS or appropriate medical specialist for advice on sedation beyond this guideline.

Medical Practitioner or Authorised Mental Health Practitioner considers patient's capacity to give consent and requirements for referral under the *Mental Health Act 2014* (WA) and, if required, completes *Mental Health Act 2014* (WA) forms:

- Form 1A (Referral for examination by Psychiatrist) for further assessment in an authorised hospital
- Form 4A (Transport Order) request for police assistance
- Consider Emergency Psychiatric Treatment (EPT) Form 9A when treatment has been given under 'Duty of Care'.

If treatment is refused or consent is not able to be provided, further treatment can only be given either under a duty of care or as Emergency Psychiatric Treatment under the *Mental Health Act 2014* (WA).

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