The Weekly Probe

3rd June 2016 **Volume 13 Issue 17**

Ceftriaxone Reactions – A cluster of cases involving reactions to ceftriaxone have been reported to the Clinical Excellence Commission- one case with chest pain, the other two cases had severe reactions, with one resulting in death. No record of any previous allergy/reaction, with one patient having repeat exposure over the previous five years. The reactions occurred within minutes of administration. Though these cases may be the result of hypersensitivity/anaphylactic reactions there occurrence in a cluster has raised concerns. If you come across any such cases , they should be reported to the Therapeutic Goods Administration (TGA) on www.**tga**.gov.au/

THIS WEEK

Short edition this week.Vertigo next week time ?.

MENTAL HEALTH ACT 2007- Scheduling etc

The Mental Health Act is something we commonly refer to and utilise in the processing of our patients. After some recent issues it's worth reviewing again.

If you want further info go to http://www.austlii.edu.au/au/legis/nsw/consol_act/mha2007128/

DETENTION FOR TRANSPORT AND FURTHER ASSESSMENT

A person may be **detained and / or transported** pending formal mental health assessment under 5 circumstances

- **S19: Medical Officer/Accredited Person**
- **S20 Ambulance Officer**
- **S21 Police assistance**
- **S22 Police – detention after apprehension by police**

- Police –Section **22** – Person brought to hospital involuntarily by police. Police are required to complete the section 22 form and to remain with the patient until handed over to hospital security staff. They should search the patient for dangerous implements and document this search on the form. A Section 22 form only allows detention until the patient is assessed.

- Ambulance – **S20.** Authorised Ambulance Officers will have the power to **detain, treat** and **transport** a person who appears to be mentally ill or mentally disturbed, to a declared mental health facility, or to or from a mental health facility or other health facility

- Medical Officer- Section **19**- This is called **Schedule 1** – medical certificate as to examination or observation of person. This may be a doctor outside the hospital, or the ED doctor who has assessed the patient.

Schedule 1 is the document that legitimises transfer to or retention in a Gazetted unit and as such must be completed for all involuntary patients presenting without a Section 19-26.

It is valid for 1 day if certified mentally disordered and 5 days if mentally ill.

- A Schedule 1 does not need to be completed for these patients if they have had a transport and retention document completed (19., 20, 21, 22) .

- If transport between facilities **with police escort** is required, then also fill out the 2nd part of this document.

(Note in regards to transfers, the legislation changed in 2007 so that the responsibility to transport persons to or from mental health facilities and other health facilities lies primarily with authorised staff of the NSW Health Service, followed by an ambulance officer, then a police officer.
Impact: Health and Ambulance staff take primary responsibility to organising safe transfer of pts - Police involvement in transports should only be requested where there are ***serious concerns*** about the safety of the patient and others.

- Note that the definitions of mentally ill and mentally disordered are included on the form for your reference , as is information on when you **shouldn't** invoke the Mental health Act.

- Other section changes include –

  - **S23 Magistrate**
  - **S24 Magistrate, in accord with S33**
  - **S25 Detention After transfer from another health facility**
  - **S26 Primary Carer, relative or friend: written request**

ADMISSION and ASSESSMENT

Once detained (by any of the above means), the patient must be assessed within 12 hrs by a medical practitioner.

If the person presents :

- with one of the above sections – they need a :
  - **Form 1 Section 27**– this can be done by a medical practitioner and must be completed within 12 hrs of arrival. (Once this is done, a mentally disordered person may be kept for 3 days (not including weekends or public holidays (watch out over Christmas!)– a mentally ill person may be kept till they are seen by the Magistrate)
  - A psychiatrist must then complete the **2nd part** of **Form 1 Section 27** (second tick box at top of form "further examination" as " soon as practicable".
  - For those long stayers in the ED it is also noted that "An authorised medical officer must examine a mentally disordered person at least once every 24 hours"

- The other point worth raising is that the Form 1 has an option to record if the patient is mentally ill, mentally disordered or as a third option as neither and the Schedule can be lifted

- With recent changes to the act has extended authority to lift schedules to EDSS, specifically to Liverpool EDSS, which after process followed, PECC CNC assessment and discussion with psychiatrist on call, EDSS can lift the schedule- they must fill up section 27A, as not mentally ill nor disordered.

- Go to the Intranet page – Clinical – Mental Health for the flowchart. There is also a copy in the log book kept near the SS computer in acute write up area.
- Note that once a Form 1 Section 27 has been written a declaring the patient is mentally ill or disordered, only a psychiatrist can lift the Schedule

IN SUMMARY – easiest way to remember is that 19 comes before 27 - reverse alphabetical order as Schedule 1 then Form 1 for each respectively

Concept of **"primary carer"** was also introduced in 2007 .

This primary carers should be notified: - Within 24 hours of person's detention , AMO to consult re discharge plan and subsequent treatment , if person is absent without permission/fails to return from leave , proposed/actual transfer to another facility, discharge from the mental health facility, re-classification as a voluntary patient.

NEXT WEEK'S CASE

A 52yo man with a Hx of hypertension presents with vertigo. The RMO reports horizontal nystagmus. What is your approach to this case?

JOKE / QUOTE OF THE WEEK

Please forward any funny and litigious quotes you may hear on the floor (happy to publish names if you want)

THE WEEK AHEAD

Tuesdays - 12:00 – 13:45 Intern teaching -Thomas & Rachel Moore
Wednesday 0800-0900 Critical Care Journal Club. ICU Conf Room / 12.00-1.15 Resident MO in Thomas & Rachel Moore
Thursday 0730-0800 Trauma Audit. Education Centre / 0800-0830 MET Review Education centre / 1300-1400 Medical Grand Rounds. Auditorium.

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