

A4 Acute presentations involving self-harm and unintentional toxins/poisoning

This module covers the systemic consequences of intentional/unintentional toxin/poison and, where relevant, mental health aetiology/risk assessment. Assessment of these competencies via Mini-CEX, CbD (formative or summative) or ACAT-EM and a reflective log.

Potential presentations in which these competencies could be assessed include the following:

- Patient with drug or alcohol dependency presenting with issue related to dependency
- Injury or wound or other presentation as a result of self-harm or suicide attempt
- Unintentional overdose, accidental poisoning, envenomation/exposure
- Intentional overdose or poisoning
- Snakebite or another toxin
- Risk assessment for suicidal ideation/self-harm/harm to others.
- Adult/Child safeguarding/protection related to supervision/parental presentations.

Core competencies to achieve (for all patients), are EPA level 3 (Indirect active-partial supervision by senior clinician, no prompting or help provided, direct line of vision or supervisor immediately available).

Knowledge/ Skill/ Behaviour	Detail of competency
Knowledge	Is able to recognise features of a presentation that may represent a risk to yourself or others, e.g. from contamination by harmful materials, and the measures (such as decontamination) required to ensure safety before providing further medical care
	Can outline potential routes of exposure, animal vectors (locally prevalent venomous snake/spider species) and the specific signs and symptoms of poisoning from common toxic agents or drugs
	Is able to recognize the common toxidromes (e.g. nerve/organophosphate, opiates, carbon monoxide)
	Can outline initial investigation and management of the following overdose; paracetamol, salicylate, beta blockers, opiates, alcohol, anti-coagulants, benzodiazepines, antidepressants, SSRIs, amphetamine, cocaine, carbon monoxide
	Is able to describe how to obtain information about the recognition, diagnosis and management of specific poisons and toxins depending upon location/environment

Knowledge/ Skill/ Behaviour	Detail of competency
	Demonstrates an understanding of drug testing/screening, measurement of drug levels and its limitations/application
	Outlines the immediate measures that should be taken and initial clinical management of severe envenomation/poisoning including use of antivenoms, antidotes and other countermeasures (e.g. activated charcoal, acetylcysteine, bicarbonate)
	Outlines the risk factors for a suicidal attempt
	Understands the common co-existing psychiatric pathologies and psychosocial factors that may precipitate suicide or self-harm
	Understands addiction, dependence and withdrawal syndromes, and how these are initially managed (specific therapeutics such as benzodiazepines and nutritional support for alcohol withdrawal)
	Describes the relevant health legislation/legal framework with regard to the assessment and treatment of patients following a presentation involving self-harm or suicidal ideation including the provision of medical treatment against the patient's will
	Describes the relevant health legislation/legal framework with regard to the sharing of confidential patient information following a presentation involving self-harm or suicidal ideation
Skills- History	Where relevant, takes a competent psychiatric history, including a collateral history (friends, relatives, first responders, mental healthcare providers)
	In the self-harm patient, demonstrates how to assess risk of further harm, which may involve the use of an established scoring tool (e.g. SADPERSONS)
	Is able to recognise a critically ill overdose/self-harm or poisoned patient and initiate resuscitation as appropriate
Skills - Examination	Examines to determine the nature and effects of poisoning
	Is able to perform a mental state examination
	Examines for signs of systemic and/or severe local envenomation and be able to assess a bite to determine the likelihood that envenomation has occurred
	Undertakes a clinical examination looking for signs of the physical complications of alcohol or drug dependency
Skills- investigation and treatment	Orders, interprets and acts on initial investigations appropriately e.g. biochemistry, arterial blood gas, ECG, drug concentrations
	Is able to provide initial resuscitative care for a significantly unwell patient suffering from poisoning/toxin exposure including the safe administration of oxygen (and contraindications such as paraquat poisoning), adrenaline, intravenous fluids, direct drug antidotes such as naloxone for opiate toxicity

Knowledge/ Skill/ Behaviour	Detail of competency
	<p>Is able to actively manage the acutely poisoned patient, including but not limited to: the use of specific antidotes and antitoxins, use of control/counter-measures such as activated charcoal or bicarbonate, and indications for renal replacement therapy</p> <p>In the case of severe envenomation, ensures that adrenaline and antivenom are delivered rapidly once recognised, and ensure measures are immediately available to manage a potential anaphylactic response to this treatment</p> <p>If suspected self-harm, always investigates for overdose by common medications and can initiate treatment as appropriate</p> <p>For suspected envenomation ensures suitable monitoring is instigated to identify any signs of neurological deterioration, secondary organ failure and haemostatic dysfunction</p>
<p>Skills- Clinical decision making, judgement</p> <p><i>(in addition to CC1)</i></p>	<p>Ensures assessment of patient with disturbed behaviour takes place in a safe environment and ensures the safety of both staff and patient</p> <p>Forms a working diagnosis and assessment of risk of further harm to themselves or others, or potentially life-threatening presentations</p> <p>Is able to assess patient capacity to make decisions regarding their care at the time of presentation</p> <p>Is able to assess the likelihood of type and severity of potential envenomation, and relative risks involved in delivering antivenom</p> <p>Is able to recognise those patients at sufficient risk that they require immediate ongoing specialist mental health care</p>
<p>Behaviour- Communication & professionalism</p> <p><i>(in addition to CC7& CC8)</i></p>	<p>Is able to communicate and develop a rapport with patient, family and carers and sympathetically elicit history in patients with suspected self-harm</p> <p>Is able to communicate calmly with aggressive or angry individuals</p> <p>Can outline strategies for management of those who refuse assessment or treatment or who abscond and are at risk</p> <p>Is able to provide advice on reducing risk of further snake/ other animal bites whether inside house or external environment</p>
<p>Paediatric</p>	<p>Demonstrates knowledge of the major types of poison/toxin ingestion by age</p> <p>Recognises self-harm as an expression of distress in children and adolescents</p>