

# **EMERGENCIES** **IN PSYCHIATRY**

A concise guide to the practical management of psychiatric emergencies

Features a standard layout for early problem identification

Easy to follow classifications of emergencies

Detailed sections cover every aspect of the psychiatric emergency

Basant K. Puri  
Ian H. Treasaden

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# Emergencies in Psychiatry

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# Preface

This is a practical, portable, pocketbook guide to dealing with emergencies in psychiatry.

It is a misconception to believe there are no real true emergencies in psychiatry. In addition, as a practising medical practitioner it is each doctor's responsibility in any case to keep up to date with basic resuscitation procedures and relevant local hospital policies.

Of paramount importance in psychiatric emergencies are the following:

- Ensure your own and staff and, indeed, the patients' safety.
- Always consider an organic causation and try to eliminate this as a potential cause.
- Patient confidentiality is not absolute. The GMC accepts that doctors can reveal information if there is an immediate grave risk to the patient or others ('risk of death or serious harm').
- Always seek corroborative information, e.g. previous medical records, third-party information.
- Consult senior colleagues and/or other members of a multidisciplinary team, including sharing responsibility for difficult decisions.
- Maintain good contemporaneous records of decisions.
- 'If it's not recorded, it didn't happen' is a good precautionary principle. At the least, records are evidence of what may have happened, but in reviews, inquiries and, indeed, in court, doctors will always have the opportunity to expand on their records.

When interviewing patients in situations of psychiatric emergencies, always start initially with open questions, be honest and non-judgemental, and try to direct patients and others away from negative responses towards you. Only make commitments you can keep and that will be acceptable to other members of the multidisciplinary team.

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## Symbols and abbreviations

ABG	arterial blood gases
AUDIT	Alcohol Use Disorders Identification Test
CAMHS	Child and Adolescent Mental Health Service
EPDS	Edinburgh Postnatal Depression Scale
FAS	fetal alcohol syndrome
FAST	Fast Alcohol Screening Test
FBC	full blood count
GAF	Global Assessment of Functioning
GGT	gamma glutamyl transpeptidase
HAV	hepatitis A virus
HBV	hepatitis B virus
HCV	hepatitis C virus
IUCD	intrauterine contraceptive device
IM	intramuscular/ly
INR	international normalized ratio (prothrombin ratio)
IV	intravenous/ly
LFT	liver function test
LSD	lysergic acid diethylamine
MAOI	monoamine oxidase inhibitor
MCV	mean corpuscular volumes
MDE	major depressive episode
MDMA	3,4-methylenedioxy-N-methylamphetamine
MHAC	Mental Health Act Commission
MHRT	Mental Health Review Tribunal
MMSE	Mini-Mental State Examination
PMS	premenstrual tension syndrome
SADQ	Severity of Alcohol Dependence Questionnaire
SSRI	selective serotonin reuptake inhibitor
U&E	urea and electrolytes & creatinine in plasma