**Caring for people displaying acute behavioural disturbance in emergency settings**

A3 visual summary to be used with Safer Care Victoria's clinical guidance *Caring for people displaying acute behavioural disturbance*

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### Pre-arrival notification

- Consider past experiences and individual needs of the person
- Optimise assessment environment
  - A safe space with minimal distractions
  - Use a BAR if available, or high-acuity space
  - Know when to call for help
- Initial assessment
  - Seek information from many sources
  - Assess underlying cause, consider ‘red flag indicators’
  - Use the SAT and STAMP framework

### Prepare for arrival

- Assemble a team
- Allocate a care space
- Handover
  - Use a structured handover tool
  - Communicate key information

### Sedation and ongoing care

- Consider less restrictive options and legal requirements
- Aim for the person to be drowsy but rousable with a SAT score of –1 or 0

#### Oral sedation

- 5–20 mg diazepam and/or 5–10 mg olanzapine

#### Parenteral sedation

- For most people: 5–10 mg IM droperidol + 2
- For people with psychostimulant toxicity or alcohol withdrawal consider adding: 5–10 mg IM midazolam + 2
- When safety is at extraordinary and immediate risk consider as first line or rescue therapy: 4–5 mg/kg IM ketamine

#### Safe and vigilant post-sedation care

15-minute clinical assessment for 1 hr, then guided by SAT score

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