



# ROYAL HOSPITAL FOR WOMEN

LOCAL OPERATING PROCEDURE

## CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee  
20 September 2012

### CHALLENGING BEHAVIOURS AND SUBSTANCE ABUSE - MANAGEMENT

*This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.*

*Clinical information is shared according to the NSW Health Privacy Manual Version 2 (2005).*

- **AIM**

- Optimum care of substance using woman and her baby
- Management of potential safety concerns

- **PATIENT**

- Woman identified or suspected of current or recent substance use
- Neonate of above patient

- **STAFF**

- Registered midwives
- Registered nurses
- Medical officers
- Social workers
- Perinatal Mental Health Clinical Midwifery Consultant ( PMH CMC)
- Administration officers
- Students midwives/nurses
- Campus Security staff

- **EQUIPMENT**

- Duress alarm

- **CLINICAL PRACTICE**

**Behavioural Containment:**

- **Place the Woman's Perinatal Psychosocial Plan (PPP) – Gold Sheet – in a highly visible place in her integrated clinical notes**
- Admit woman to the most appropriate area in RHW to minimise the likelihood and/or consequences of potential incident.
- Notify After Hours Nurse Manager (AHNM) and Campus Security Department of woman's location within the hospital.
- Provide and reinforce to woman and visitors clear instructions regarding acceptable behaviour and potential consequences of unacceptable behaviour.
- Identify case worker, e.g. Chemical Use in Pregnancy Service (CUPS), Midwife, Social Worker or Perinatal Mental Health Clinical Midwifery Consultant (PMH CMC) to discuss the PPP.
- **Contact CUPS to provide advice regarding medication treatment plan in hours or for out of hours assistance page 24 hour Drug and Alcohol medical staff on 93827111.**
- Formulate a plan with CUPS to alleviate withdrawal symptoms for woman commenced on Methadone / Buprenorphine or withdrawing from any other substance.
- Prescribe and provide PRN medication to lessen woman's agitation or anxiety in hospital environment eg:
  - Diazepam 5-10mg PRN, maximum of 40 mg over 24 hours
  - Olanzapine 5mg PRN maximum 20mgs over 24 hrs
- Consider nicotine replacement therapy to patients who are nicotine dependant



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#### CHALLENGING BEHAVIOURS AND SUBSTANCE ABUSE – MANAGEMENT cont'd

- Request the woman not to leave the ward after 8pm if there is concern around safety/drug use.
- Request the woman to notify staff if she leaves the ward and remind her not to leave the hospital.
- Request the woman to have her mobile phone on in order to be contactable at all times.
- **Arrange with Bed Manager / After Hours Nurse Manager a 24 hour extra nurse to provide 1:1 care if the woman's history / condition warrants this level of supervision- such as previous aggressive incidents or high risk of intoxication**
- Ensure safety of baby if the woman is intoxicated or aggressive.
- Transfer baby to Newborn Care Centre (NCC) in consultation with the After Hours Nurse Manager and with agreement of NCC Co Director / Nurse Unit Manager (NUM) if concerns exist.
- Liaise with Family and Community Services (FACs), as required.
- Allow aggressive patients requesting discharge against medical advice to leave if negotiation likely to escalate aggressive incident / safety risk.
- Commence discharge planning on admission to RHW with planned expected date of discharge.
- Consult with the midwife/nurse in charge of ward, CUPS or Drug and Alcohol (D & A) Medical Officer on call and the AHNM of the woman does not have a care plan made antenatally to formulate a plan of care.

#### De-escalation strategies

- Attempt de-escalation practices according to strategies in educational notes
- Press duress alarm for Security involvement if threatening behaviour towards staff or other patients.
- Contact Bed Manager / After Hours Nurse Manager for support.
- **Call code BLACK for immediate assistance, with maximum security attendance. Dial 777.**

#### Management of visitors/carers.

- Refer to individual PPP regarding permission to stay on individual basis
  - Decide preclusions upon following factors:
    - Apprehended Violence Order (AVO) in place
    - History of violence /aggressive behaviour (including verbal)
    - Intoxication/ evidence of recent drug use
  - Ask visitors/carers with above issues to leave by 8pm. Named visitors only for some clients – will be listed on PPP.
  - Report any suspicious activity to Security immediately (suspected drug dealing, entering inappropriate areas etc)
  - Call Security if visitor is intoxicated to escort from hospital
- **DOCUMENTATION**
    - Medication Chart
    - Perinatal Psychosocial Plan –( Gold sheet)
    - ObstetriX
    - Integrated clinical notes
    - Withdrawal monitoring charts (in D&A Resource folder on every ward)

**CHALLENGING BEHAVIOURS AND SUBSTANCE ABUSE – MANAGEMENT cont'd****• EDUCATIONAL NOTES**

- If not visibly pregnant and requesting obstetric care at the hospital, obtain formal confirmation of pregnancy from treating Medical Officer or Case Worker or undertake a urinary HCG test
- Offer D&A support through:
  - Outpatient detoxification Counselling - D&A support can be organised at Langton Centre by CUPS.
  - Jarrah House (residential detoxification/rehab facility) is the preferred option for detoxification after 20 weeks gestation. Sydney Hospital is the preferred option prior to 20 weeks.
  - Homeless Persons Information Centre (HPIC): 1800 234566/ 9265 9081 for homelessness.
  - Prior to planned admission for D & A management in pregnancy the woman is required to agree to engage with relevant services or admission will not take place.
  - Where possible planned admission should take place early in the week in conjunction with CUPS, Social Work and midwives etc.
- Behavioural containment/de-escalation:
  - Prepare a safe, quiet, well-lit room if the patient requires observation
  - Remove objects in the room that might be thrown or used as weapons.
  - Aim to minimise escalation of challenging behaviour through talking, listening and reassuring. It is preferable to talk more slowly and quietly to the agitated person
  - Ask individuals who escalate the situation to leave the immediate area and individuals who appear to calm the situation to stay.
  - Prioritise and limit clinical assessment/interventions to those that are immediately necessary to minimise the chance of escalating the situation.
  - Ensure that you are able to exit the room at all times.

**Withdrawal Management of substance-using patient**

- Assessment of withdrawal risk – History obtained by CUPS clinicians / Medical Officer
  - Early recognition of withdrawal – monitoring of withdrawal symptoms using appropriate forms CUPS / D&A Medical Officer on call will inform which to use.
  - Anxiety management - use of PRN medications, calming, reassuring interactions with patient
  - Documenting and reporting withdrawal symptoms – on appropriate withdrawal form, in notes and reporting promptly to CUPS or D&A Medical Officer on call (93827111 and page)
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- **RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP**
    - RHW Drug and Alcohol resource folder (Red file)
    - Mental Health Escalation – Inpatient and Outpatient
    - Mental Health Intake meeting (MHIM) – Multidisciplinary Case Discussion
    - Mental Health Referrals – Non urgent
    - Scheduled (Mental Health Act) Obstetric Patient
    - Psychosocial Assessment of Antenatal Woman at Booking



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- **REFERENCES**

1. Procedure for Nurse Initiated Nicotine Replacement Therapy (NRT) ISLHD Revised August 2011
2. Behaviourally disturbed or aggressive patient in the ED: Sedation and/or restraint – The Children's Hospital Westmead 2010.
3. Clinical guidelines for nursing and midwifery practice in NSW: Identifying and responding to drug and alcohol issues. NSW Health 2009.
4. NSW Clinical Guidelines – For the Care of Persons with Comorbid Mental Illness and Substance Use Disorders in Acute Care Settings NSW Health 2009

### REVISION & APPROVAL HISTORY

Endorsed Maternity Services Division LOPs group 11/9/12