How to manage a patient’s challenging behaviour
(A training guide for nurses and medical staff)

Patient with challenging behaviour
(e.g. threatening suicide, or due to delirium, intoxication, or aggression)

Nurse to inform the co-ordinator/nurse in charge.
Is additional support required? (e.g. 1:1 observation, moving patient to a side room, calling relatives etc.)

Nurse to inform team doctor. A diagnosis, capacity assessment and treatment plan is required*

Patients with challenging behaviour should be assessed by a senior doctor (Registrar/Consultant) whenever possible.
The doctor should document in the notes:
The diagnosis
The cause of the patient's challenging behaviour
An assessment of mental capacity relevant to the situation
Whether Section 5(2) is relevant to the situation
A plan of care – e.g. discharge, alternative treatment, 1:1 observation, Section 5(2), reasonable restraint under the Mental Capacity Act etc.

Security should be called when there is an imminent threat to the patient or others. Security should not be called to help with routine clinical care / observation of patients. If in doubt, discuss with the nurse in charge.

*NB - The majority of ‘challenging behaviour’ resolves after listening to the patient and explaining what is going on.

Section 5(2) paperwork and information can be found on the Intranet – click on the ‘Liaison Team’ icon on the Flo homepage. Section 5(2) can only be completed by a fully registered doctor (i.e. SHO grade or above).

Two-stage mental capacity assessment forms (for people aged 16+ only) can be found on the Mental Capacity Intranet pages. If you are unsure about anything, always discuss with the nurse in charge, your team’s Registrar/Consultant or the mental health liaison team who are available 24/7.