

## Harry 7 Minute Briefing

How to use this briefing: This 7-minute briefing should be delivered face to face to promote discussions and not included with other day to day issues, to ensure impact. Please consider these 3 questions alongside the briefings:

1. What are your key thoughts and reflections?
2. How can we ensure the learning is embedded and how will we know this?
3. How can we integrate the learning into team or service improvement plans?

### 1. Introduction

Harry is an 11-year-old boy of mixed heritage who lives with his parents. Harry has 5 siblings aged between 3 – 26 years, *all the children are diagnosed with ADHD*. Harry also has traits of Pathological Demand Avoidance (PDA). Harry has not been in educational provision since November 2022. *Harry's Father is care experienced and has a history of mental health issues.*

### 2. What Happened?

On 7<sup>th</sup> February 2023 Harry was intubated and ventilated in hospital. Harry had been given repeated doses of intra-muscular ketamine until he was asleep, then a tube was placed in his throat and mechanical ventilation used to help move air in and out of his lungs, a procedure usually reserved for someone who cannot breathe on their own. Harry was in intensive care until 9<sup>th</sup> February when the tubes were removed.

### 3. Background to what happened

Harry was sedated and intubated as a last resort to stop his dysregulated and aggressive behaviour. Harry was brought to A&E by the police and paramedics on 5 February. At 1.20pm he had spent 28 hours in the Emergency Department. Harry's mother Ms H had called the police because Harry locked her out of their house, was smashing and breaking things and tried to hit her. Ms H was worried for the safety of Harry and his two siblings Holly and Hilary. The police arrived with the LAS who had also called for assistance. Police officers were not able to calm Harry and his behaviour escalated, described as uncontrollable. Harry was spitting and throwing water. Harry was handcuffed and transported to hospital in the back of a police van with a paramedics, arriving at the hospital at 6pm.

### 7. Multi-agency learning. Missed opportunities.

Learning points 1. and 2. agreed by all agencies

1. Where children with complex needs, autism and high levels of dysregulated behaviour need increased levels of intervention; Childrens Social Care (CSC), health, police and education should come together and plan services and support. We don't want children to be held in restraints.
2. Family and professional understanding and knowledge of local autism services and pathways is not well understood

### 6. Concerns

This plan was not enacted because Harry's aggression increased into the evening of 6<sup>th</sup> February. The rapid tranquillisation protocol was exhausted. He had been in extreme distress for over 4 hours, restraint was distressing him, and the decision was made in the hospital to sedate him through intra-muscular ketamine. This was administered whilst Harry was being held down. Repeat doses were administered and medics were concerned about risk to his airway reflexes if this continued. Once asleep Harry was intubated and ventilated in the early morning of the following day.

### 5. Concerns

On Monday 6<sup>th</sup> February at 3.30pm an urgent multi-disciplinary team meeting (MDT) was held at the hospital. Significant concerns were discussed about Harry not calming with tranquillisation and continuing to be disturbed/dysregulated. He wasn't responding well to the hospital environment and escalations were raised within St George's Hospital, SouthWest London & St George's Mental Health NHS Trust and Wandsworth Children's Social Care. The hospital plan was not to discharge until Harry was reviewed by CAMHS on 8<sup>th</sup> February and moved from the Emergency Department to paediatric area when available.

### 4. Actions taken

Harry was treated in accordance with the hospital's rapid tranquillisation protocol in an attempt to calm his aggression. Once in hospital Harry was treated using lorazepam and promethazine and other calming factors including ear defenders, low stimulation, food and drink. His behaviour remained dysregulated for the duration in the Emergency Department, and he ripped hooks of walls and threatened to stab staff, kicked doors, broke equipment, spat and hit staff and his mother. At one point he had six security guards with him.