**Core of Discipline #4: Manage Urgent/Emergent Medical Psychiatric Conditions (NMS, Acute Dystonia)**

**Short Description:**
Be aware of and take steps to manage medical psychiatric emergencies (i.e. hypo/hyperactive delirium, NMS, SS, TCA toxicity, Li toxicity, acute dystonia, alcohol withdrawal, etc.) in an inpatient or emergency room setting.

**Assessment Options:**
- Direct or indirect observation of clinical interaction or simulation

**Scope:**
- Patient in the ER, inpatient or outpatient setting

**Milestones:**

**COD4M1: Assess current medical status and recognize medical instability**
- Obtain relevant HPI, including appropriate collateral
- Perform appropriate MSE/physical exam
- Order appropriate investigations

**COD4M2: Recognize medical complications with high mortality**
- Synthesize information from history and physical exam findings
- Develop appropriate differential diagnosis and identify primary provisional diagnosis
- Be aware of etiology, pathophysiology, risk factors, clinical course and prognosis

**COD4M3: Initiate appropriate acute management**
- Collaborate with interdisciplinary team
- Consult medical colleagues and/or poison control appropriately
- Initiate supportive management, as appropriate, including cessation of causative agents if applicable
- Determine appropriate disposition (i.e. ICU, medicine ward) and collaborate to facilitate transfer when necessary
- Provide psychoeducation to patient and family
- Be aware of considerations for capacity and consent, including Emergency Provisions Act

**COD4M4: Consider plan for follow up and monitoring as part of longer term management**
- Consider prognosis and impact on treatment plan and course
- Develop plan for monitoring - including medication monitoring, safety planning, use of monitoring scales as appropriate
- Liaise and collaborate with outpatient healthcare providers and make referrals as appropriate