9th Annual National Update on Behavioral Emergencies Conference (NUBE) in Las Vegas, Nevada (December 12-14, 2018)

The American Association for Emergency Psychiatry held the 9th Annual National Update on Behavioral Emergencies on December 12-14, 2018 in Las Vegas. We had a robust set of abstract presentations that the *Western Journal of Emergency Medicine* was gracious enough to publish in this issue. Please join us next year for the 10th Annual National Update on Behavioral Emergencies in Scottsdale, Arizona December 11-13, 2019. A call for speakers and abstracts will be out shortly on our website: https://www.emergencypsychiatry.org/

Leslie S. Zun, MD, MBA
Mount Sinai Hospital, Chicago, Illinois

1 Management of Pediatric Agitation and Aggression: Lessons Learned from the National Consensus Pediatric BETA Guidelines

N Malas/ C.S. Mott Children's Hospital, Michigan Medicine, Department of Psychiatry and Department of Pediatrics, Ann Arbor, Michigan

Introduction: Agitation in pediatric acute care settings is common and disruptive. We begin with a case example of an agitated patient on a pediatric medical unit. Using data from a survey of 38 North American children's hospitals we will outline the prevalence, screening methods, clinical guidelines, and physician training in the management of agitation. We will describe hospital practice in the comprehensive evaluation and management of pediatric agitation and aggression at one institution, followed by a summary of the literature on medications for agitation. We conclude with the National Consensus Pediatric BETA Guidelines for the management of pediatric agitation and aggression in emergent settings.

Methods: A case presentation will be followed by data from a national survey of pediatric hospitalists and consultation/ liaison psychiatrists. A clinical pathway for management of agitation will be described. Using a *Medline and PsycINFO* search from 01/01/1996-01/01/2017, we will summarize the literature on psychopharmacological management of agitation in pediatric patients. Using the Delphi method for consensus guideline development, a team of emergency department-based child and adolescent psychiatrists from across the United States created the Consensus Guidelines.

Results: Results of the survey of 38 North American academic children's hospitals revealed 85.5% of the respondents encountered agitation in pediatric patients at least once a month. Most viewed agitation in pediatric patients as highly important, yet 55.1% do not screen for risk factors of agitation, 65.3% reported no clinical guidelines for agitation, and 57.1% indicated no physician training in pediatric agitation. A multidisciplinary clinical pathway for agitation in pediatric patients will be outlined. Evidence for the following medication classes will be described: antihistamines, benzodiazepines, typical antipsychotics, atypical antipsychotics, mood stabilizers, anti-depressants, and stimulants. The Consensus Guidelines outline standardized recommendations for medications.

Conclusion: Agitation in pediatrics patients is a concern continent-wide, but there is little training or standardization of care. Clinical pathways exist and can ensure identification and early management. Data about psychopharmacological management of agitation exists and updated Consensus Guidelines provide standardized guidelines for the management of agitation.

2 Evidence-based Care for Suspected Pediatric Somatic Symptom and Related Disorders in Emergent Settings

N Malas/ C.S. Mott Children's Hospital, Michigan Medicine, Department of Psychiatry and Department of Pediatrics, Ann Arbor, Michigan

Introduction: Somatic symptom and related disorders (SSRDs) are a group of diagnoses characterized by the presentation of one or more physical symptoms that are either inconsistent with physical disease based on a thorough medical evaluation or vastly disproportionate to findings on a thorough medical evaluation, and result in significant impairment. These symptoms are often significantly influenced by psychological factors including acute or chronic distress, as well as visceral hypersensitivity and habituation of maladaptive responses to somatic sensations. These conditions are common in pediatric medicine, accounting for up to 50% of primary care visits for abdominal pain, headache, and fatigue. There is a lack of a coordinated approach to SSRD care, often resulting in excessive and unnecessary healthcare utilization, miscommunications, missed opportunities to intervene, and considerable frustration from patients, families and providers.

Methods: There is limited information in the literature for how to provide SSRD care in practice and no current consensus guidelines for SSRD care in youth. At our institution, we convened a multidisciplinary group of providers, used LEAN methodology to assess problematic areas, including areas of inefficiency or disruption in work flow, gathered data from primary care providers statewide to inform understanding, and developed an evidence-based, institutional clinical practice guideline for management of SSRD care within the emergency department (ED) and inpatient setting. In addition, we have integrated education on SSRDs into our pediatric and psychiatric trainee curriculum.