Chapter 25 - Behavioral and Psychiatric Emergencies and Suicide

OBJECTIVES

25.1 Define key terms introduced in this chapter. Slides 13, 36–37

25.2 Recognize behaviors that are abnormal in a given context. Slide 13

25.3 Discuss medical and traumatic conditions that can cause unusual behavior. Slides 14–15

25.4 For a patient whose abnormal behavior appears to be caused by stress, discuss techniques to calm the patient and gain his cooperation. Slides 16–17

continued
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**OBJECTIVES**

25.5 Discuss the assessment of a patient who appears to be suffering from a behavioral or psychiatric emergency. Slide 21

25.6 Discuss the steps in managing a patient presenting with a behavioral or psychiatric emergency. Slides 22–23

25.7 Describe factors often associated with a risk of suicide. Slide 24

25.8 Discuss care for a patient who is a potential or attempted suicide. Slides 25–26

25.9 Recognize indications that a patient may become violent. Slide 29

25.10 Explain considerations in using force and restraint when managing behavioral emergency calls. Slides 32–35

25.11 Explain considerations when faced with a behavioral emergency patient who refuses treatment and transport. Slide 39
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MULTIMEDIA

- Slide 41 Safety—Restraints Video

CORE CONCEPTS

- The nature and causes of behavioral and psychiatric emergencies
- Emergency care for behavioral and psychiatric emergencies
- Emergency care for potential or attempted suicide

continued

CORE CONCEPTS

- Emergency care for aggressive or hostile patients
- How to restrain a patient safely and effectively
- Medical/legal considerations in behavioral and psychiatric emergencies
Introduction

- Patients may present with unexpected or dangerous behavior
- May result from
  - Stress
  - Physical trauma or illness
  - Drug or alcohol abuse
  - Psychiatric condition

Topics

- Behavioral and Psychiatric Emergencies
- Emergency Care for Behavioral or Psychiatric Emergencies
What Is a Behavioral Emergency?

• Behavior
  – Manner in which a person acts or performs
• Behavioral emergency
  – Abnormal behavior (in a given situation)
  unacceptable or intolerable to patient, family, or community
• Behavioral patients may appear confused and have altered mental status

Psychiatric Causes of Behavioral Emergencies

• Psychiatric condition (mental disorder)
  – Anxiety or panic disorder
  – Depression
  – Bipolar disorder
  – Schizophrenia

Physical Causes of Behavioral Emergencies

• Non-psychiatric causes of altered mental status can be life-threatening and must be considered first
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**Situational Stress Reactions**

- Normal reactions to stressful situations produce emotions
  - Fear
  - Grief
  - Anger

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**Caring for Patients with Situational Stress Reactions**

- Do not rush
- Tell patient you are there to help
- Remain calm
- Keep emotions under control
- Listen to patient
- Be honest
- Stay alert for changes in behavior

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**Emergency Care for Behavioral or Psychiatric Emergencies**
Behavioral and Psychiatric Patient Presentations
- Range of presentations
- Withdrawn, not communicating
- Talkative, agitated
- Bizarre or threatening behavior
- Wish to harm selves or others

General Rules for Interactions
- Identify yourself and role
- Speak slowly and clearly
- Eye contact
- Listen
- Don't judge
- Open, positive body language
- Don't enter patient’s space (3 ft)
- Alert for behavior changes

Assessment
- Perform careful scene size-up
- Identify yourself and your role
- Perform primary assessment
- Perform focused physical exam
- Gather thorough history
Common Patient Presentations

- Panic or anxiety
- Unusual appearance (disordered clothing, poor hygiene)
- Agitated or unusual activity
- Unusual speech patterns
- Bizarre behavior or thought patterns
- Self-destructive behavior
- Violence or aggressive behavior

Patient Care

- Treat life-threatening problems
- Consider medical or traumatic causes
- Follow general rules for positive interactions
- Encourage patient to discuss feelings
- Never play along with hallucinations
- Consider involving family or friends

Suicide

- Eighth leading cause of death
- Third leading cause in 15–24-year-olds
- Rising numbers in geriatric population
Suicide Patient Assessment

- Explore the following possibilities
  - Depression
  - High stress levels (current or recent)
  - Recent emotional trauma
  - Age (15–25 and 40+ highest risk)
  - Drug or alcohol abuse
  - Threats of suicide
  - Suicide plan
  - Previous attempts or threats
  - Sudden improvement from depression

Suicide Patient Care

- Personal interaction is important
- Do not argue, threaten, or indicate using force
  1. Scene safety
  2. Identify, treat life-threatening problems
  3. Perform history, physical exam
     - Detailed exam only if safe
  4. Reassess frequently
  5. Notify receiving facility

Think About It

- Patient is 23-year-old male. His girlfriend called 911 after a domestic dispute. He is uncooperative and refusing treatment. The girlfriend reports patient is depressed and suicidal. He owns a gun and has threatened to shoot himself.
Think About It

• Can you treat the patient if he did not call?
• Should you believe the girlfriend?
• Does the patient need treatment or transport?
• Can you treat and transport the patient against his will?
• What should you do?

Aggressive or Hostile Patients

• Consider clues
  – Dispatch information
  – Information from family or bystanders
  – Patient’s stance or position in room
• Ensure escape route
• Do not threaten patient
• Stay alert for weapons of any type

Aggressive or Hostile Patient Assessment

• Ensure safety
• Calm patient
• Perform a thorough assessment
• Restrain patient if necessary
Aggressive or Hostile Patient Care

- Scene size-up
- Request additional help if necessary
- Seek advice from medical control if necessary
- Watch for sudden changes in behavior
- Reassess frequently
- Consider restraint

Reasonable Force and Restraint

- Reasonable force: force necessary to keep patient from injuring self or others
- “Reasonable” determined by
  - Patient’s size and strength
  - Type of behavior
  - Mental status
  - Available methods of restraint

Some systems do not allow restraint without police or medical control orders

Never attempt restraint without proper legal authority and sufficient assistance
Restraining a Patient

- Have adequate help
- Plan actions
- Stay beyond patient’s reach until prepared
- Act quickly
- One EMT talks to and calms patient
- Requires four persons, one at each limb
- Restrain all limbs with approved leather restraints in supine position ALWAYS

Restraining a Patient

- EMT is responsible for restrained patient’s airway
- Ensure patient is adequately secured throughout transport
- Apply a surgical mask to spitting patients
- Reassess frequently
- Document thoroughly

Excited Delirium

- Extremely agitated or psychotic behavior during struggle, followed by cessation of struggling, respiratory arrest, then death
- Patient is often hyperthermic and shouting incoherently
- Usually preceded by cocaine use
Excited Delirium

- Often linked to improper restraint in a position where patient cannot expand chest to breathe adequately (positional asphyxia)
- Be alert for this sequence of events

Transport to Appropriate Facility

- Not all hospitals are prepared to treat behavioral emergencies
- Choose correct facility based on capabilities and local protocol

Medical/Legal Considerations

- Consent
  - Refusals and restraints cause significant medical/legal risk
  - Laws typically allow providers to treat and transport patients against their will if a danger to selves or others
  - Local protocol may require medical control contact and/or police presence

continued
Medical/Legal Considerations

- Sexual misconduct
  - Behavioral patients, especially those requiring physical contact such as restraint, sometimes accuse EMS providers
  - Have same-sex provider attend to patient
  - Have third-party witness present at all times, on scene and during transport

Safety—Restraints Video

Click here to view a video on the subject of proper use of soft restraints.

Chapter Review
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Chapter Review

• Ensure your own safety when caring for violent or potentially violent patients.
• Patients with behavioral problems are in crisis and need compassionate care.
• Always consider abnormal behavior to be altered mental status, with a medical or traumatic cause.

Chapter Review

• Because treatment of these patients usually requires long-term management, little medical intervention can be done in the acute situation, but how you interact with them is crucial for their continued well-being.

Remember

• Safety is the first priority when approaching a patient with altered mental status.
• Psychiatric and behavioral emergencies are prevalent in our society. EMTs should treat them as they would any other potentially life-threatening disorder.
Remember

• Assessment of altered mental status should rule out physical causes first.
• Psychiatric and behavioral emergencies can present differently, depending upon the disorder. There are best practices EMTs employ in approaching, assessing, and treating such patients.

Remember

• Follow local protocols and use appropriate procedures to restrain patients when necessary.

Questions to Consider

• What methods help calm the patient suffering a behavioral or psychiatric emergency?
• What can you do when scene size-up reveals it is too dangerous to approach the patient?
• What factors help assess the patient’s risk for suicide?
Critical Thinking

• You respond to an intoxicated minor who is physically aggressive, threatens suicide, and whose parents permit you to treat, but not transport the patient. How would you manage this patient?

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