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

continued
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
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
OBJECTIVES

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

continued
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
• 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
Topics

- Behavioral and Psychiatric Emergencies
- Emergency Care for Behavioral or 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
Behavioral and 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.

- Hypoglycemia
- Hypoxia
- Hyperthermia
- Hypothermia
- Stroke
- Head trauma
- Substance abuse

Altered Mental Status
Situational Stress Reactions

- Normal reactions to stressful situations produce emotions
  - Fear
  - Grief
  - Anger
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
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 Factors:
- Depression
- Age
- Suicide Plan
- Stress levels
- Sudden Improvement
- Recent emotional trauma
- Substance Abuse
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
- Scene safety
- Identify, treat life-threatening problems
- Perform history, physical exam
  - Detailed exam only if safe
- Reassess frequently
- 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

continued
Reasonable Force and 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

continued
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

*continued*
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
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.

continued
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.

continued
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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