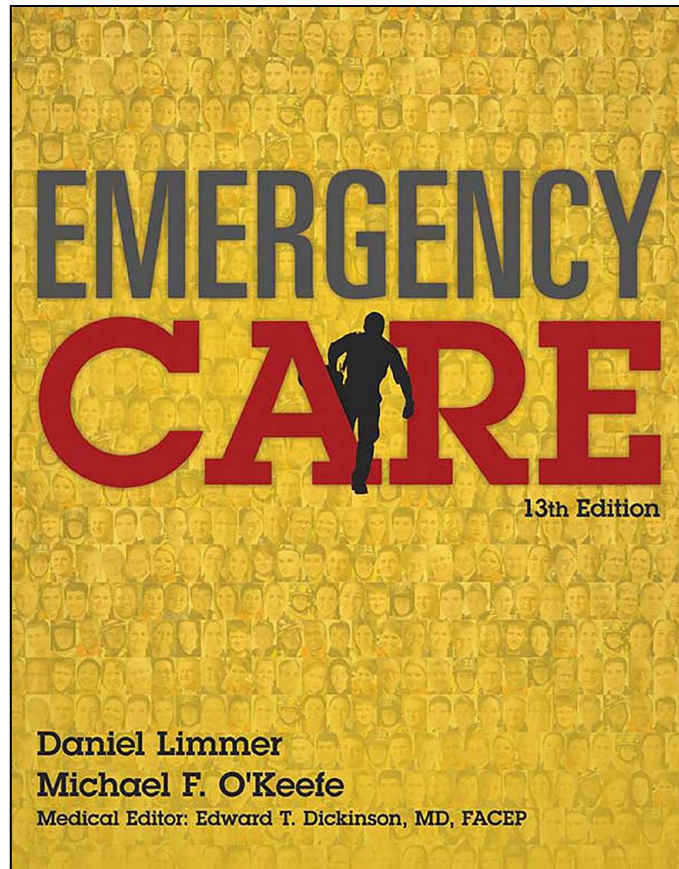


# Emergency Care

THIRTEENTH EDITION



## CHAPTER 23

Behavioral and  
Psychiatric Emergencies  
and Suicide

# Multimedia Directory

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Slide 42      Applications of Mechanical Restraints Video

# Topics

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

# Behavioral and Psychiatric Emergencies

# Behavioral and Psychiatric Emergencies

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

# What Is a Behavioral Emergency?

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- Behavior
  - Manner in which a person acts or performs
- Behavioral emergency
  - Behavior within a given situation that is unacceptable or intolerable to patient, family, or community

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# What Is a Behavioral Emergency?

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- Behavioral patients may appear confused and have altered mental status.

# Psychiatric Conditions

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- Anxiety or panic disorder
- Depression
- Bipolar disorder
- Schizophrenia



# Physical Causes of Altered Mental Status

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- Medical and traumatic conditions that can alter a patient's behavior
  - Low blood sugar
  - Lack of oxygen
  - Stroke or inadequate blood to brain
  - Head trauma
  - Mind-altering substances
  - Environmental temperature extremes

# Situational Stress Reactions

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

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# Situational Stress Reactions

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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.

# Acute Psychosis

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- Involve a severe break in patients' abilities to process information and interact with their environments
- Often associate with a cognitive disorder such as schizophrenia

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# Acute Psychosis

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- Symptoms
  - Hallucinations
  - Delusions
  - Catatonia
  - Thought disorder
- Ensure safety of patient and responders.

# Emergency Care for Behavioral and Psychiatric Emergencies

# Assessment and Care for Behavioral and Psychiatric Emergencies

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- Range of presentations
- Withdrawn, not communicating
- Talkative, agitated
- Bizarre or threatening behavior
- Wish to harm selves or others

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# Assessment and Care for Behavioral and Psychiatric Emergencies

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- Key techniques
  - Identify yourself and your role.
  - Speak slowly and clearly.
  - Make eye contact.

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# Assessment and Care for Behavioral and Psychiatric Emergencies

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- Key techniques
  - Listen to the patient.
  - Do not be judgmental.
  - Use positive body language.
  - Acknowledge patient's feelings.

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# Assessment and Care for Behavioral and Psychiatric Emergencies

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- Key techniques
  - Do not enter patient's personal space.
    - Stay at least 3 feet from patient.
  - Be alert for changes in emotional status.
  - Use restraint to prevent harm if necessary.

# General Rules for Interactions



1. Plan your approach to the patient in advance and remain outside the range of the patient's arms and legs until you are ready to act. **Note:** *A fifth rescuer, if available, can control the patient's head—taking special care, however, not to be bitten.*

# Patient Assessment

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- Perform careful scene size-up.
- Identify yourself and your role.
- Complete primary assessment.
- Perform as much of detailed examination as possible.
- Gather thorough history.

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# Patient Assessment

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- Common signs and symptoms
  - Panic or anxiety
  - Unusual appearance, disordered clothing, or poor hygiene
  - Agitated or unusual activity
  - Unusual speech patterns
  - Bizarre behavior or thought patterns
  - Suicidal or self-destructive behavior
  - Violence or aggressive behavior

# Patient Care

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- Be alert for personal or scene safety problems.
- Treat any life-threatening problems.
- Consider medical or traumatic causes.
- Spend time talking to patient.
- Encourage patient to discuss feelings.
- Never play along with hallucinations.
- Consider involving family or friends.

# Suicide

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- Eighth leading cause of death
  - Third leading cause in the age group ranging from fifteen to twenty-four years old
- Rising numbers in older adult population

# Patient Assessment

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- Potential or attempted suicide
  - 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

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# Patient Assessment

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- Potential or attempted suicide
  - Explore the following possibilities
    - Threats of suicide
    - Suicide plan
    - Previous attempts or threats
    - Sudden improvement from depression

# Patient Care

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- Personal interaction is important.
- Do not argue, threaten, or indicate using force.
  - Scene safety
  - Identify, treat life-threatening problems.
  - Perform secondary assessment.
    - Detailed exam only if safe
  - Reassess frequently.
  - Notify receiving facility.

# Think About It

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- 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.

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# Think About It

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- 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

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- 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.

# Patient Assessment

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- Ensure safety.
- Calm patient.
- Perform a thorough assessment.
- Restrain patient if necessary.

# Patient Care

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- 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

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- 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

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# Reasonable Force and Restraint

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- Some systems do not allow restraint without police or medical control orders.
- Never attempt restraint without proper legal authority and sufficient assistance.

# Reasonable Force and Restraint

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

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# Reasonable Force and Restraint

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- 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.

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# Reasonable Force and Restraint

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- Restraining a patient
  - Have adequate help.
  - Plan actions.
  - Stay beyond patient's reach until prepared.
  - Act quickly.

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# Reasonable Force and Restraint

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- Restraining a patient
  - 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.

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# Reasonable Force and Restraint

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- 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.

# Transport to an Appropriate Facility

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

# Medical/Legal Considerations

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- 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.

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# Medical/Legal Considerations

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- 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.

# Applications of Mechanical Restraints Video



Click on the screenshot to view a video on the proper use of mechanical restraints.

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# Chapter Review

# Chapter Review

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- As an EMT, you will respond to many behavioral emergencies. Be sure to ensure your own safety before entering a scene or caring for a violent or potentially violent patient.

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# Chapter Review

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- A considerable portion of the population has a diagnosable psychiatric condition. However, not all patients are violent. It is important to remember that patients in crisis are patients—and people—who need your compassion as well as your care.

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# Chapter Review

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- Always consider patients acting in an unusual or bizarre fashion to be experiencing an altered mental status; this will help you to avoid overlooking a medical or traumatic cause for the patient's problem.

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# Chapter Review

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- Because treatment of these patients usually requires long-term management, little medical intervention can be done in the acute situation. However, the way you interact with the patient during the emergency and assess your patient throughout the call is crucial for their continued well-being.

# Remember

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- 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.

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# Remember

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- 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.

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# Remember

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

# Questions to Consider

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- 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

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- 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?