

AAOS

Ninth Edition

Emergency

Care and Transportation of the Sick and Injured



Section 4: Medical Emergencies

19: Behavioral Emergencies

Cognitive Objectives (1 of 2)

- 4-8.1 Define behavioral emergencies.
- 4-8.2 Discuss the general factors that may cause an alteration in a patient's behavior.
- 4-8.3 State the various reasons for psychological crises.
- 4-8.4 Discuss the characteristics of an individual's behavior which suggest that the patient is at risk for suicide.
- 4-8.5 Discuss special medical/legal considerations for managing behavioral emergencies.

Cognitive Objectives (2 of 2)

- 4-8.6 Discuss the special considerations for assessing a patient with behavioral problems.
- 4-8.7 Discuss the general principles of an individual's behavior which suggest that the patient is at risk for violence.
- 4-8.8 Discuss methods to calm behavioral emergency patients.

Affective Objectives

4-8.9 Explain the rationale for learning how to modify your behavior toward the patient with a behavioral emergency.

Psychomotor Objectives

- 4-8.10 Demonstrate the assessment and emergency medical care of the patient experiencing a behavioral emergency.
- 4-8.11 Demonstrate various techniques to safely restrain a patient with a behavioral problem.

Myth and Reality

- Everyone has symptoms of mental illness problems at some point.
- Only a small percentage of mental health patients are violent.
- Perfectly healthy people may have symptoms occasionally.

Defining Behavioral Emergencies

- Behavior
 - What you can see of a person's response to the environment and his or her actions
- Behavioral crisis
 - Any reaction to events that interferes with activities of daily living or that becomes unacceptable to the patient, family, or others
 - A pattern, not an isolated incident

Causes of Behavioral Emergencies

- Organic Brain Syndrome
 - Caused by disturbance in brain tissue function
- Functional Disorder
 - Cannot be traced to change in structure or physiology of the brain

Causes of Organic Brain Syndrome

- Sudden illness
- Recent trauma
- Drug or alcohol intoxication
- Diseases of the brain
- Low blood glucose
- Lack of oxygen
- Inadequate blood flow to the brain
- Excessive heat or cold

Safety Guidelines

- Be prepared to spend extra time.
- Have a plan of action.
- Identify yourself.
- Be calm.
- Be direct.
- Assess the scene.
- Stay with patient.
- Encourage purposeful movement.
- Express interest.
- Do not get too close.
- Avoid fighting.
- Be honest and reassuring.
- Do not judge.

You are the Provider

- You and your partner are dispatched for an attempted suicide.
- You arrive to a young woman screaming for you to help her friend who is threatening to kill herself.
- What additional information do you need?
- Should you enter this residence prior to obtaining law enforcement assistance?



Scene Size-up

- Scene safety is most important. Consider calling appropriate resources if needed.
- Take BSI precautions at all times.
- Avoid tunnel vision.

You are the Provider

(continued)

- The friend tells you that the patient does not have any kind of weapon.
- Your partner radios for law enforcement. You find a girl in her early teens sitting on the couch sobbing.
- She is conscious, alert, and oriented. Breathing labored, 26 breaths/min.

You are the Provider

(continued)

- Both parents are out of town. She is staying alone until tomorrow afternoon.
- Her boyfriend called a short time ago and told her that he no longer wanted to be with her. She begins crying and saying that she does not want to live.
- Based on your initial assessment, is this patient a priority patient?

Initial Assessment

- Start from the doorway.
- State why you are there.
- Be calm and relaxed.
- Provide appropriate interventions.
- Transport to appropriate facility based on condition.

You are the Provider

(continued)

- You calmly explain to the patient that you need to ask some questions and examine her to get her the help she needs.
- She allows you to obtain baseline vital signs.
 - Breathing 20 breaths/min
 - Skin is pink, warm, and dry
 - Pulse 88 beats/min
 - No obvious bleeding
 - BP 120/82 mm Hg

You are the Provider

(continued)

- She has no known allergies and takes birth control pills daily but no other medication. She attempted suicide last year by taking an entire bottle of her mom's diazepam (Valium).
- What is your next step?

Focused History and Physical Exam

- If unconscious, do rapid exam for life threats.
- Assess three major areas as contributors:
 - Is patient's CNS functioning properly?
 - Are hallucinogens or other drugs or alcohol a factor?
 - Are psychogenic circumstances, symptoms, or illness involved?
- Use reflective listening: repeating what the patient has said in question form to help patient expand thoughts.

Focused Physical Exam

- Use facial expressions, pulse, and respirations to help make determination.
- Tears, sweating, blushing may be indicators.
- Look at patient's eyes.
- Coping mechanisms are stressed; perception of reality may be distorted.

Interventions

- Be caring and careful.
- Intervene only to safely transport.

You are the Provider

(continued)

- She states that although she has not done anything to injure herself today, she wants to kill herself and will attempt to do so if she gets a chance.
- Law enforcement arrives. Your patient becomes hysterical. She runs into the bathroom, slamming the door.
- She refuses to open the door. Afraid of what she may do to herself, the police officer breaks the door down and restrains her.
- Should EMS participate in patient restraint?

Detailed Physical Exam

- Rarely called for

Ongoing Assessment

- Never let your guard down.
- Use law enforcement personnel with transport if available.
- Give advance warning to hospital.
- Can involve legal matters; document clearly and well.
- Be clear and specific on restraint use.



Suicide

- Depression is the single most significant factor that contributes to suicide.
- An attempted suicide is a cry for help.
- Immediate intervention is necessary.
- Suicidal patients will usually exhibit warning signs.

Critical Warning Signs of Suicide

- Does the patient have an air of tearfulness, sadness, deep despair, or hopelessness?
- Does the patient avoid eye contact, speak slowly, or project a sense of vacancy?
- Does the patient seem unable to talk about the future?
- Is there any suggestion of suicide?
- Does the patient have any specific plans relating to death?

Additional Risk Factors for Suicide

- Are there any unsafe objects in the patient's hands or nearby?
- Is the environment unsafe?
- Is there evidence of self-destructive behavior?
- Keep in mind the suicidal patient may be homicidal as well.

Medicolegal Considerations

- Mental incapacity may take many forms.
- Once a patient has been determined to have an impaired mental capacity, you must decide if care is needed.
- Do not leave the patient alone.
- Obtain help from law enforcement as necessary.

Consent

- When a patient is not mentally competent, the law assumes that there is implied consent.
- The matter is not always clear-cut with psychiatric emergencies.
- If you are not sure about the situation, request law enforcement assistance.

Limited Legal Authority

- As an EMT-B, you have limited legal authority to require or force a patient to undergo care.
- Police may put a patient in protective custody to allow you to provide care.
- Know your local laws and protocols.

Restraints

- You cannot restrain a patient unless it is an emergency.
- Transport a disturbed patient without restraints if possible.
- If you must restrain the patient, use only reasonable force.
 - Law enforcement personnel should be involved.



Potentially Violent Patients

- Use a list of risk factors to assess the level of danger:
 - Past history
 - Posture
 - Scene
 - Vocal activity
 - Physical activity

Other Factors to Consider for Potential Violence

- Poor impulse control
- History of uncontrollable temper
- Low socioeconomic status
- Substance abuse
- Depression
- Functional disorders