Chapter 20

Psychiatric Emergencies

Introduction

- EMTs often deal with patients undergoing psychological or behavioral crisis.
- Crisis might be the result of:
  - Emergency situation
  - Mental illness
  - Mind-altering substances
  - Stress

Myth and Reality (1 of 3)

- We all develop some symptoms of mental illness at some point in life.
  - Does not mean that everyone develops mental illness
- Do not jump to conclusions concerning:
  - Yourself
  - Your patient

Myth and Reality (2 of 3)

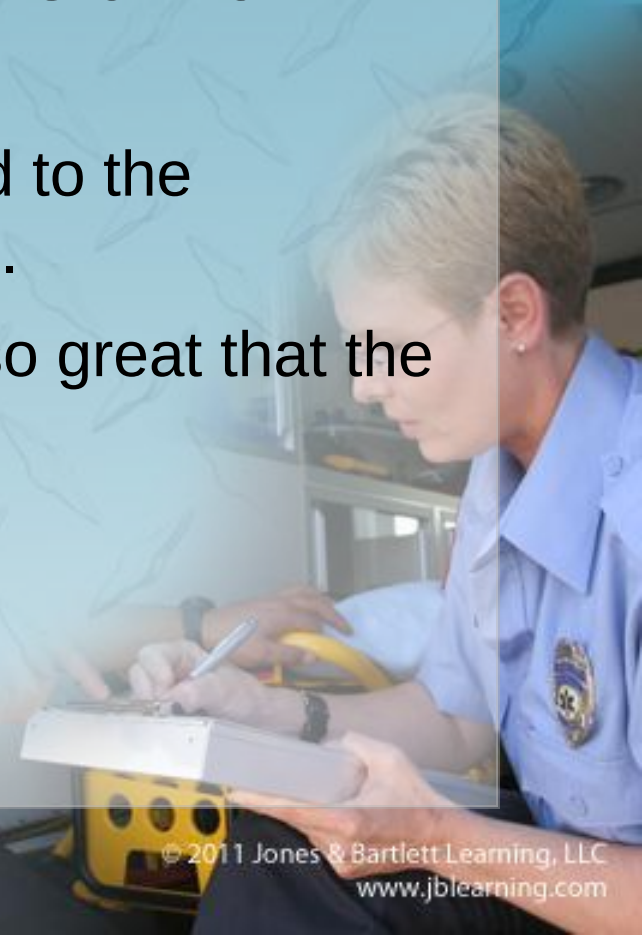
- The most common misconception is that if you are feeling “bad” or “depressed,” you must be “sick.”
- There are many justifiable reasons for feeling depressed, such as:
  - Divorce
  - Loss of a job
  - Death of a relative or friend

Myth and Reality (3 of 3)

- Many people believe that all individuals with mental health disorders are dangerous, violent, or unmanageable.
  - Only a small percentage fall into this category.
  - You may be exposed to a higher proportion of violent patients.
  - You may be able to predict violence.

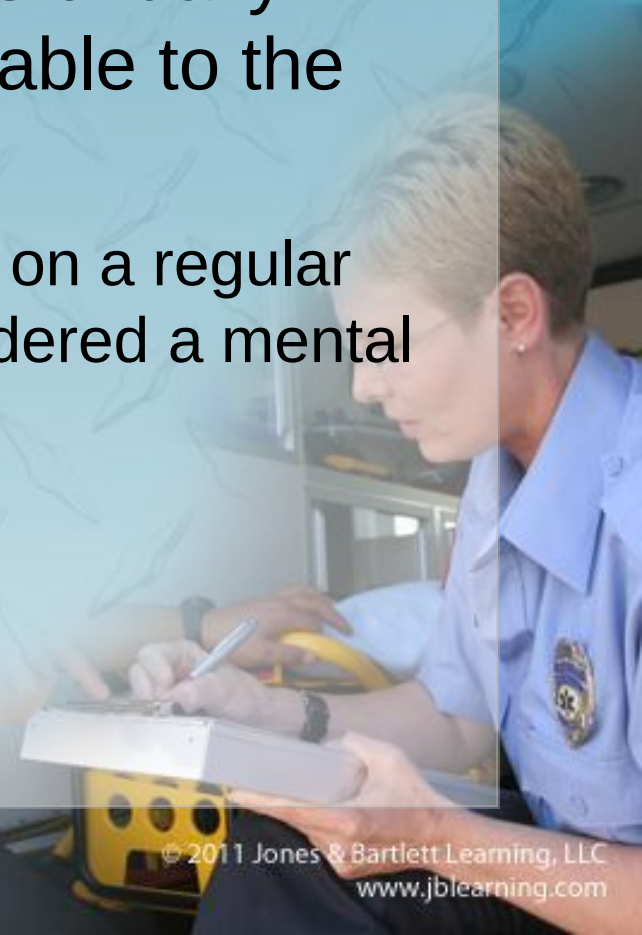
Defining a Behavioral Crisis
(1 of 4)

- Behavior is what you can see of a person's response to the environment: his or her actions.
  - Most of the time, people respond to the environment in reasonable ways.
  - There are times when stress is so great that the normal ways do not work.



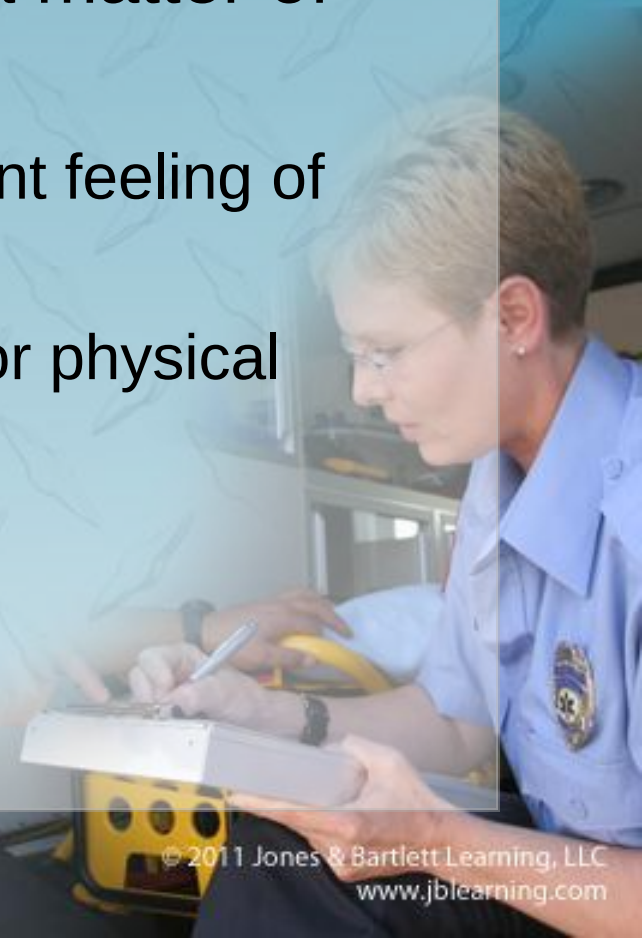
Defining a Behavioral Crisis
(2 of 4)

- A behavioral crisis is any reaction to events that interferes with the activities of daily living or has become unacceptable to the patient, family, or community.
  - If this interruption tends to occur on a regular basis, the behavior is also considered a mental health problem.



Defining a Behavioral Crisis
(3 of 4)

- Usually, if an abnormal pattern of behavior lasts for at least a month, it is a matter of concern.
  - Chronic depression is a persistent feeling of sadness and despair.
  - May be a symptom of a mental or physical disorder



Defining a Behavioral Crisis
(4 of 4)

- When a psychiatric emergency arises, the patient:
  - May show agitation or violence
  - May become a threat to self or others

The Magnitude of Mental Health Problems (1 of 2)

- At one time or another, one in five Americans has some type of psychiatric disorder.
  - An illness with psychological or behavioral symptoms that may result in impaired functioning

The Magnitude of Mental Health Problems (2 of 2)

- The US mental health system provides many levels of assistance.
  - Professional counselors are available for marital conflict and parenting issues.
  - More serious issues are often handled by a psychologist.
  - Severe psychological conditions require a psychiatrist.

Pathology (1 of 4)

- An EMT is not responsible for diagnosing the underlying cause of a behavioral crisis or psychiatric emergency.
  - You should know the two basic categories of diagnosis a physician will use: organic and functional.

Pathology (2 of 4)

- Organic
  - Organic brain syndrome is a temporary or permanent dysfunction of the brain caused by a disturbance in the physical or physiologic functioning of the brain tissue.
  - Causes include sudden illness, head trauma, seizures, intoxication, and diseases of the brain

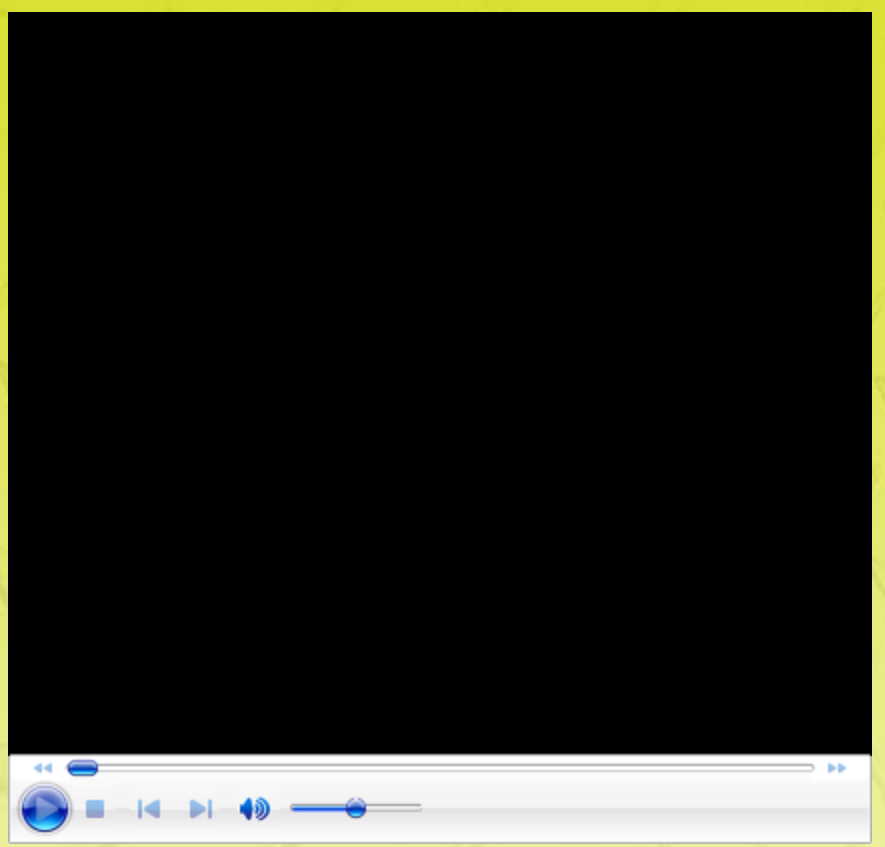
Pathology (3 of 4)

- Organic (cont'd)
  - Altered mental status can arise from:
    - Low level of blood glucose
    - Lack of oxygen
    - Inadequate blood flow to brain
    - Excessive heat or cold

Pathology (4 of 4)

- Functional
  - Abnormal operation of an organ that cannot be traced to an obvious change in the organ itself
  - Examples include schizophrenia, anxiety conditions, and depression.
  - There may be a chemical or physical cause, but it is not well understood.

Safe Approach to a Behavioral Crisis (1 of 2)



- All regular EMT skills are used in a behavioral crisis.
  - However, other management techniques come into play.

Safe Approach to a Behavioral Crisis (2 of 2)

Table 20-1 Safety Guidelines for a Behavioral Crisis or a Psychiatric Emergency

- **Be prepared to spend extra time.** It may take longer to assess, listen to, and prepare the patient for transport. Remember to always treat the patient with respect.
- **Have a definite plan of action.** Decide who will do what. If restraint is needed, how will it be accomplished? Avoid restraint unless it is absolutely necessary.
- **Identify yourself calmly.** Try to gain the patient's confidence. Ask questions in a low, calm voice, and be patient in your attitude. Reassure the patient that you are there to help.
- **Be direct.** State your intentions and what you expect of the patient. Let the patient know what you are doing and maintain good eye contact.
- **Assess the scene.** If the patient is armed or has potentially harmful objects in his or her possession, have these removed by law enforcement personnel before you provide care.
- **Stay with the patient.** Do not let the patient leave the area, and do not leave the area yourself unless law enforcement personnel can stay with the patient. Try to remove from the area any stimulus that is distressing to the patient.
- **Encourage purposeful movement.** Help the patient to get dressed and gather appropriate belongings to take to the hospital.
- **Express interest in the patient's story.** Let the patient tell you what happened or what is going on now in his or her own words. However, do not play along with auditory or visual disturbances or hallucinations.
- **Do not get too close to the patient.** Everyone needs personal space, so avoid unnecessary physical contact. You want to be able to move quickly if the patient becomes violent or tries to run away, but otherwise do not make quick moves. Do not physically talk down to or directly confront the patient. A squatting, 45° angle approach is usually not confrontational but the position may hinder your movements. Do not allow the patient to get between you and the exit.
- **Avoid fighting with the patient.** Do not threaten or belittle the patient. Remember, the patient is not responding to you in a normal manner; he or she may be wrestling with internal forces over which neither of you has control. You and others may be stimulating these inner forces without knowing it. If you can respond with understanding to the feeling that the patient is expressing, whether the feeling is anger or fear or desperation, you may be able to gain his or her cooperation. If possible, try to involve a friend or family member whom the patient trusts. Always try to talk the patient into cooperation.
- **Be honest and reassuring.** If the patient asks whether he or she has to go to the hospital, the answer should be, "Yes, that is where you can receive medical help."
- **Do not judge.** You may see patient behavior that you dislike. Set those feelings aside and concentrate on providing emergency medical care to your patient.

Patient Assessment

- Patient assessment steps
  - Scene size-up
  - Primary assessment
  - History taking
  - Secondary assessment
  - Reassessment

Scene Size-up (1 of 2)

- Scene safety
  - Is the situation unduly dangerous to you and your partner?
  - Do you need immediate law enforcement backup?
  - Does the patient's behavior seem typical or normal for the circumstances?
  - Are there legal issues involved?

Scene Size-up (2 of 2)

- Mechanism of injury/nature of illness
  - Determine the MOI and/or NOI.

Primary Assessment (1 of 3)

- Form a general impression.
  - Begin your assessment from the doorway or from a distance.
  - Perform a rapid scan.
  - Observe the patient closely using the AVPU scale to check for alertness.
  - Establish a rapport with the patient.

Primary Assessment (2 of 3)

- Airway and breathing
  - Assess the airway to make sure it is patent and adequate.
  - Evaluate the patient's breathing.
- Circulation
  - Assess the pulse rate, quality, and rhythm.
  - Obtain the systolic and diastolic BP.
  - Evaluate skin color, temperature, condition.

Primary Assessment (3 of 3)

- Transport decision
  - Unless your patient is unstable from a medical problem or trauma, prepare to spend time at the scene with him or her.
  - There may be a specific facility to which patients with mental problems are transported.

History Taking (1 of 3)

- Investigate the chief complaint.
  - Is the patient's central nervous system functioning properly?
  - Are hallucinogens or alcohol a factor?
  - Are psychogenic circumstances involved?

History Taking (2 of 3)

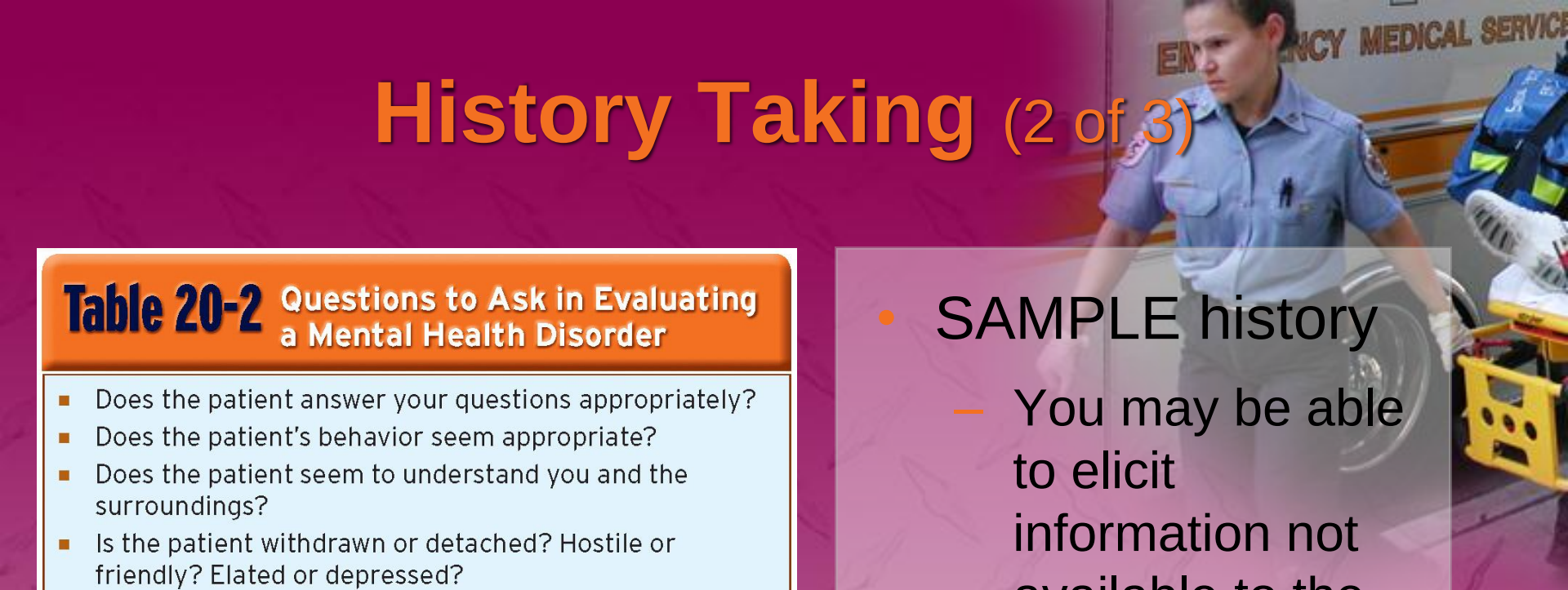


Table 20-2 Questions to Ask in Evaluating a Mental Health Disorder

- Does the patient answer your questions appropriately?
- Does the patient's behavior seem appropriate?
- Does the patient seem to understand you and the surroundings?
- Is the patient withdrawn or detached? Hostile or friendly? Elated or depressed?
- Are the patient's vocabulary and expressions what you would expect under the circumstances?
- Does the patient seem aggressive or dangerous to you or others?
- Is the patient's memory intact? Check orientation to time, place, person, and event: What day, month, and year is it? Who am I?
- Does the patient express disordered thoughts, delusions, or hallucinations?

- SAMPLE history
  - You may be able to elicit information not available to the hospital staff.

History Taking (3 of 3)

- SAMPLE history (cont'd)
  - In geriatric patients, consider Alzheimer disease and dementia.
  - Your assessment has two primary goals:
    - Recognizing major life threats
    - Reducing the stress of the situation
  - Use reflective listening.

Secondary Assessment (1 of 4)

- Physical examinations
  - In an unconscious patient, begin with a full-body scan.
  - Avoid touching the patient without permission.
  - A conscious patient may not respond at all to your questions.

Secondary Assessment (2 of 4)

- Physical examinations (cont'd)
  - You can tell a lot about a patient's emotional state from:
    - Facial expressions
    - Pulse rate
    - Respirations

Secondary Assessment (3 of 4)

- Vital signs
  - Obtain vital signs when doing so will not exacerbate the patient's emotional distress.
  - Make every effort to assess blood pressure, pulse, respirations, skin, and pupils.

Secondary Assessment (4 of 4)

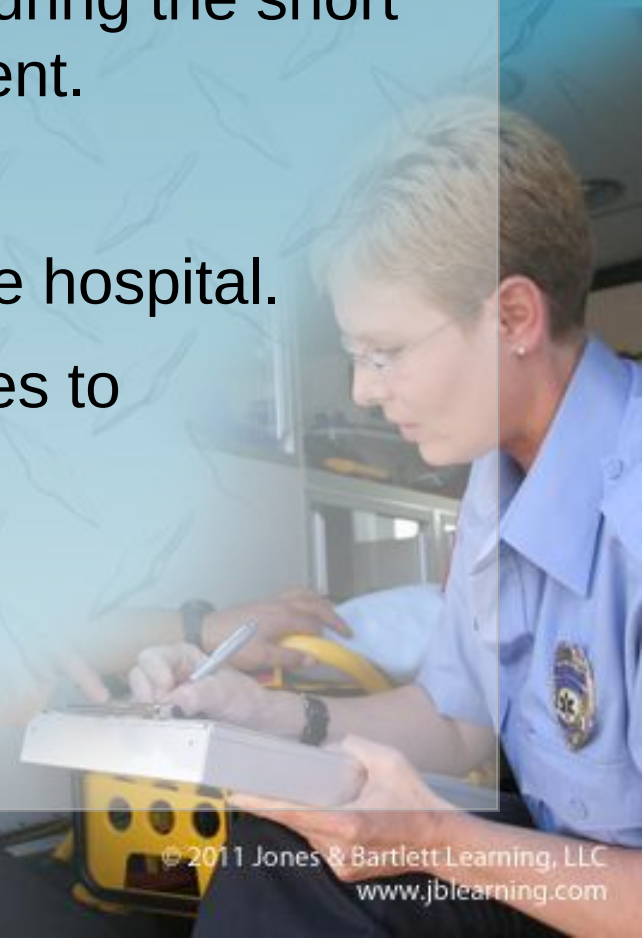
- Vital signs (cont'd)
  - Monitoring devices may be used.
  - Assess the patient's first blood pressure with a sphygmomanometer and a stethoscope.
  - A pulse oximetry device can be used to assess the patient's perfusion status.

Reassessment (1 of 3)

- Never let your guard down.
  - Many patients will act spontaneously.
- If restraints are necessary, reassess and document every 5 minutes:
  - Respirations
  - Pulse and motor and sensory function in all restrained extremities

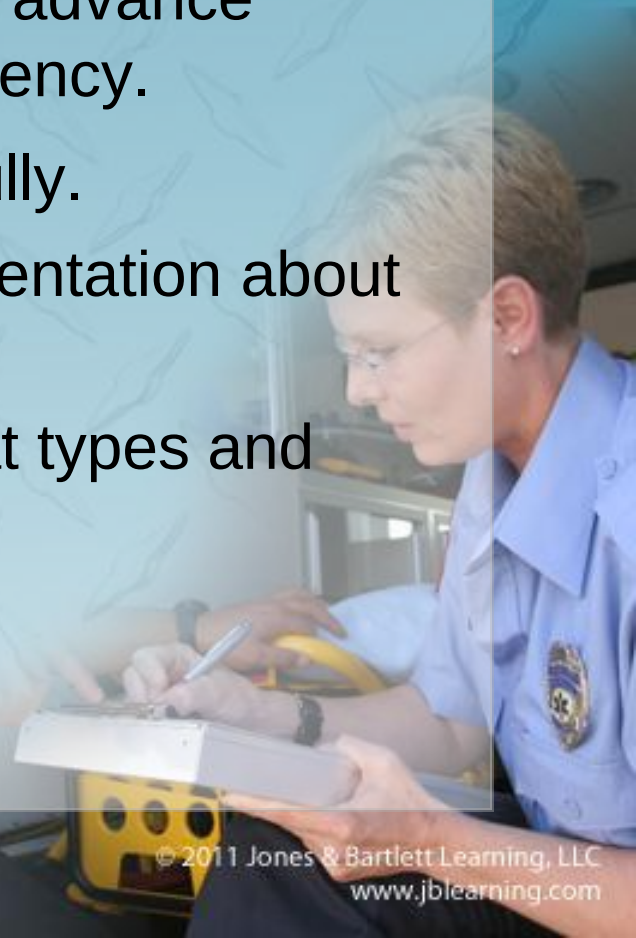
Reassessment (2 of 3)

- Interventions
  - There is often little you can do during the short time you will be treating the patient.
  - Diffuse and control the situation.
  - Safely transport the patient to the hospital.
  - Intervene only as much as it takes to accomplish these tasks.

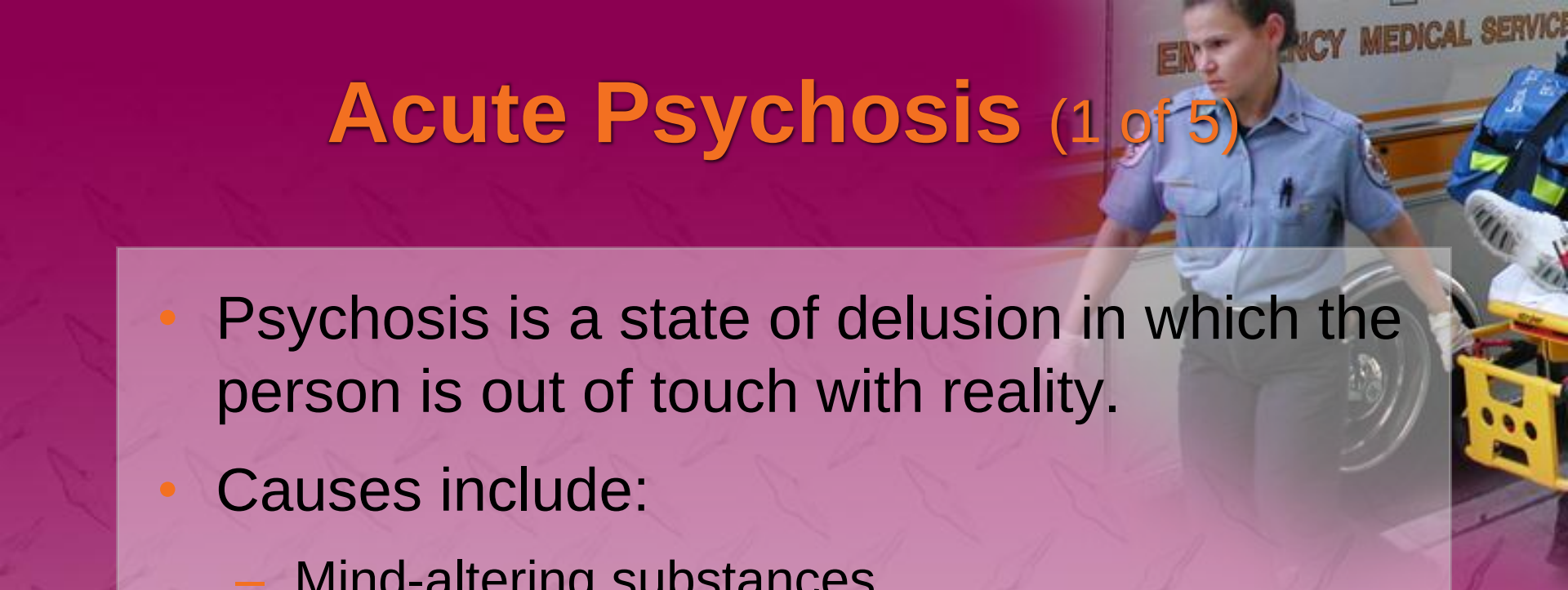


Reassessment (3 of 3)

- Communication and documentation
  - Try to give the receiving hospital advance warning of the psychiatric emergency.
  - Document thoroughly and carefully.
    - Yours may be the only documentation about the patient's distress.
    - If restraints are used, say what types and why they were used.

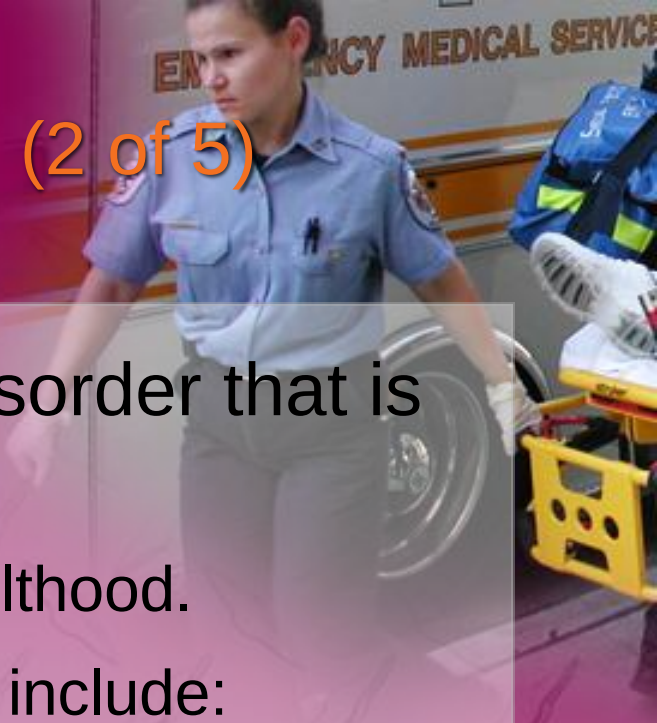


Acute Psychosis (1 of 5)



- Psychosis is a state of delusion in which the person is out of touch with reality.
- Causes include:
  - Mind-altering substances
  - Intense stress
  - Delusional disorders
  - Schizophrenia

Acute Psychosis (2 of 5)



- Schizophrenia is a complex disorder that is not easily defined or treated.
  - Typical onset occurs during adulthood.
  - Influences thought to contribute include:
    - Brain damage
    - Genetics
    - Psychological and social influences

Acute Psychosis (3 of 5)

- Persons with schizophrenia experience symptoms including:
  - Delusions
  - Hallucinations
  - A lack of interest in pleasure
  - Erratic speech

Acute Psychosis (4 of 5)

- Guidelines for dealing with a psychotic patient:
  - Determine if the situation is dangerous.
  - Identify yourself clearly.
  - Be calm, direct, and straightforward.
  - Maintain an emotional distance.
  - Do not argue.

Acute Psychosis (5 of 5)

- Guidelines (cont'd)
  - Explain what you would like to do.
  - Involve people the patient trusts, such as family or friends, to gain patient cooperation.

Suicide (1 of 5)

- Depression is the most significant factor that contributes to suicide.
- It is a common misconception that people who threaten suicide never commit it.
  - Suicide is a cry for help.
  - Someone is in a crisis that he or she cannot handle alone.

Suicide (2 of 5)

Table 20-3 Risk Factors for Suicide

- Depression at any age, including feeling trapped, purposeless, or hopeless
- Previous suicide attempt (About 80% of successful suicides were preceded by at least one attempt.)
- Current expression of wanting to commit suicide or sense of hopelessness; specific plan for suicide
- Family history of suicide
- Older than 40 years, particularly for single, widowed, divorced, alcoholic, or depressed people (Men in this category who are older than 55 years have an especially high risk and are very often successful if they make an attempt.)
- Recent loss of spouse, significant other, family member, or support system
- Chronic debilitating illness or recent diagnosis of serious illness
- Feeling anxious, agitated, angry, reckless, or aggressive; also dramatic mood changes such as from depression to agitation
- Financial setback, loss of job, police arrest, imprisonment, or some sort of social embarrassment
- Substance abuse, particularly with increasing use
- Children of an alcoholic or abusive parent
- Withdrawal from family and friends or a lack of social support, resulting in isolation
- Anniversary of death of loved one, job loss, marriage after the death of a spouse, and so forth
- Unusual gathering or new acquisition of things that can cause death, such as purchase of a gun, a large volume of pills, or increased use of alcohol

Suicide (3 of 5)

- Be alert to these warning signs:
  - Does he or she have an air of tearfulness, sadness, deep despair, or hopelessness?
  - Does he or she avoid eye contact, speak slowly, and project a sense of vacancy?
  - Does he or she seem unable to talk about the future?
  - Is there any suggestion of suicide?
  - Does he or she have any plans relating to death?

Suicide (4 of 5)

- Consider these additional risks:
  - Are there any unsafe objects nearby?
  - Is the environment unsafe?
  - Is there evidence of self-destructive behavior?
  - Is there an imminent threat to the patient or others?

Suicide (5 of 5)

- Additional risks (cont'd)
  - Is there an underlying medical problem?
  - Are there cultural or religious beliefs promoting suicide?
  - Has there been any trauma?
- A suicidal patient may be homicidal as well.

Agitated Delirium (1 of 5)

- Delirium is a condition of impairment in cognitive function that can present with disorientation, hallucinations, or delusions.
- Agitation is characterized by restless and irregular physical activity.
  - Patients may strike out irrationally.
  - Your personal safety must be considered.

Agitated Delirium (2 of 5)

- Symptoms may include:
  - Hyperactive irrational behavior
  - Inattentiveness
  - Vivid hallucinations
  - Hypertension
  - Tachycardia
  - Diaphoresis
  - Dilated pupils

Agitated Delirium (3 of 5)

- Be calm, supportive, and empathetic.
- Approach the patient slowly and purposefully and respect the patient's territory.
- Limit physical contact.
- Do not leave the patient unattended.

Agitated Delirium (4 of 5)

- Try to indirectly determine the patient's:
  - Orientation
  - Memory
  - Concentration
  - Judgment
- Pay attention to the patient's ability to communicate, appearance, dress, and personal hygiene.

Agitated Delirium (5 of 5)

- If you determine the patient requires restraint, make sure you have adequate personnel available to help you.
- If the patient has overdosed, take all medication bottles or illegal substances to the medical facility.
  - Refrain from using lights and sirens.

Medicolegal Considerations
(1 of 5)

- More complicated with patient undergoing behavioral crisis or psychiatric emergency
- Legal problems are reduced when the patient consents to care.
  - Gaining the patient's confidence is crucial.

Medicolegal Considerations
(2 of 5)

- You must decide whether the patient requires immediate emergency medical care.
  - He or she may resist your attempt to provide care.
  - Never leave the patient alone.
  - Request law enforcement personnel to handle the patient.

Medicolegal Considerations
(3 of 5)

- Consent
  - Implied consent is assumed with a patient who is not mentally competent to grant consent.
  - Consent matters are not always clear-cut in psychiatric emergencies.
  - If you are not sure, request the assistance of law enforcement personnel.

Medicolegal Considerations
(4 of 5)

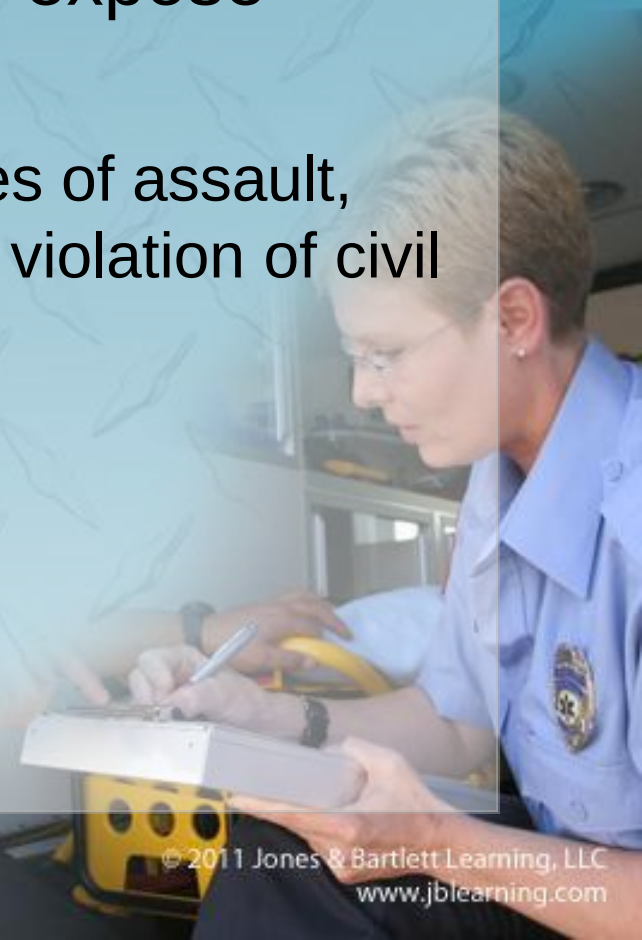
- Limited legal authority
  - The EMT has limited legal authority to require a patient to undergo emergency medical care when no life-threatening emergency exists.
  - Competent adults have the right to refuse care.

Medicolegal Considerations
(5 of 5)

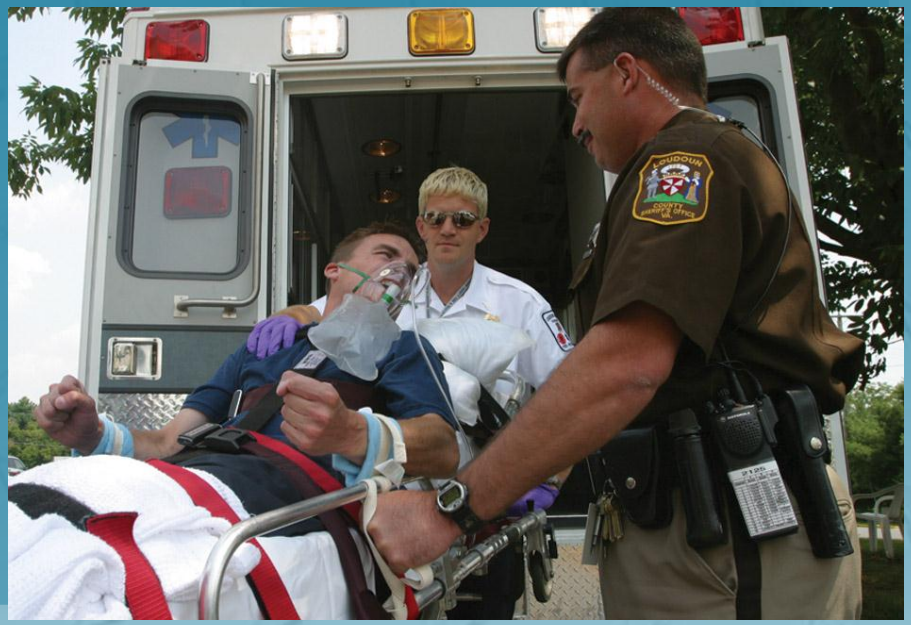
- In psychiatric cases, a court of law would probably consider your actions in providing lifesaving care to be appropriate.
  - A patient who is in any way impaired may not be considered competent.
  - Err on the side of treatment and transport.

Restraint (1 of 5)

- If you restrain a person without authority in a nonemergency situation, you expose yourself to a possible lawsuit.
  - Legal actions can involve charges of assault, battery, false imprisonment, and violation of civil rights.



Restraint (2 of 5)



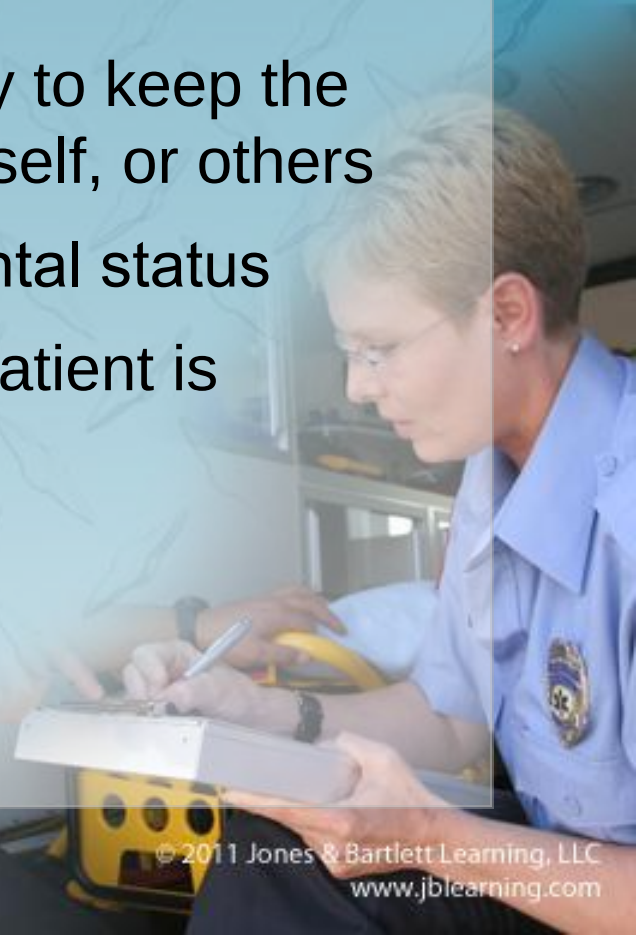
- You may use restraints only:
  - To protect yourself or others from bodily harm
  - To prevent the patient from causing injury to himself or herself

Restraint (3 of 5)

- You may use only reasonable force as necessary to control the patient.
- Always try to transport a disturbed patient without restraints if possible.
- At least four people should be present to carry out the restraint, each being responsible for one extremity.

Restraint (4 of 5)

- Level of force will vary, depending on these factors:
  - Degree of force that is necessary to keep the patient from injuring himself, herself, or others
  - Patient's sex, size, strength, mental status
  - Type of abnormal behavior the patient is exhibiting



Restraint (5 of 5)

- Secure the patient's extremities with approved equipment.
- Treat the patient with dignity and respect.
- Monitor the patient for:
  - Vomiting
  - Airway obstruction
  - Cardiovascular stability

The Potentially Violent Patient
(1 of 5)

- Violent patients make up only a small percentage of behavioral and psychiatric patients.
  - However, the potential for violence is always an important consideration for you.

The Potentially Violent Patient
(2 of 5)

- History
  - Has the patient previously exhibited hostile, overly aggressive, or violent behavior?
- Posture
  - How is the patient sitting or standing?
  - Is the patient tense, rigid, or sitting on the edge of his or her seat?

The Potentially Violent Patient
(3 of 5)

- The scene
  - Is the patient holding or near potentially lethal objects?
- Vocal activity
  - What kind of speech is the patient using?
  - Loud, obscene, erratic, and bizarre speech patterns usually indicate emotional distress.

The Potentially Violent Patient
(4 of 5)

- Physical activity
  - Most telling factor of all
  - A patient requiring careful watching is one who:
    - Has tense muscles, clenched fists, or glaring eyes
    - Is pacing
    - Cannot sit still
    - Is fiercely protecting personal space

The Potentially Violent Patient
(5 of 5)

- Other factors to consider:
  - Poor impulse control
  - A history of truancy, fighting, and uncontrollable temper
  - Tattoos
  - Substance abuse
  - Depression
  - Functional disorder

Summary (1 of 6)

- A behavioral crisis is any reaction to events that interferes with the activities of daily living or has become unacceptable to the patient, family, or community.

Summary (2 of 6)

- During a psychiatric emergency, a patient may show agitation or violence or become a threat to himself or herself, or to others.

Summary (3 of 6)

- Psychiatric disorders have many possible underlying causes including social or situational stress, psychiatric disorders, physical illnesses, chemical problems, or biologic disturbances.

Summary (4 of 6)

- As an EMT, you are not responsible for diagnosing the underlying cause of a behavioral crisis or psychiatric emergency.
- The threat of suicide requires immediate intervention. Depression is the most significant risk factor for suicide.

Summary (5 of 6)

- A patient in mentally unstable condition may resist your attempts to provide care. In such situations, request that law enforcement personnel handle the patient.
- Violent or dangerous people must be taken into custody by the police before emergency care can be rendered.

Summary (6 of 6)

- Always consult medical control and contact law enforcement personnel for help before restraining a patient.
- If restraints are required, use the minimum force necessary. Assess the airway and circulation frequently while the patient is restrained.