Behavioral Emergencies

Lesson Goal
• Recognize, assess, & treat patients with behavioral emergencies, including patients with psychiatric history & substance abuse

Lesson Objectives
• Define these terms:
  ➢ Suicide
  ➢ Depression
  ➢ Disorganization
  ➢ Disorientation
  ➢ Disruptive behavior
  ➢ Domestic violence
  ➢ Homicidal patient
  ➢ Mania
  ➢ Paranoia
  ➢ Phobia
  ➢ Regression
  ➢ Schizophrenia
  ➢ Crisis
  ➢ Delusions
  ➢ Hallucinations
  ➢ Psychosis
  ➢ Hysteria
  ➢ Catatonia
Lesson Objectives

- Define behavioral emergencies
- Discuss general factors that may cause change in behavior
- State various reasons for psychological crises

Lesson Objectives

- Discuss special considerations for assessing patient with behavioral problems
- Explain role drugs and alcohol play in behavioral emergencies
- Explain how substance abuse affects patient’s behavior

Lesson Objectives

- List physical problems that can be caused by psychiatric problems
- Discuss general elements of an individual's behavior that suggest the person is at risk for violence
- Discuss methods to calm behavioral emergency patients
Lesson Objectives

- List steps to initiate crisis management procedures
- Discuss characteristics of an individual's behavior that suggest patient is at risk for suicide
- Discuss special medical/legal considerations for managing behavioral emergencies

Lesson Objectives

- Describe appropriate actions to take for:
  - Aggressive behavior
  - Assault
  - Domestic violence
  - Rape
  - Suicide attempt

Lesson Objectives

- Identify and describe signs & symptoms for:
  - Anxiety
  - Depression
  - Domestic violence
  - Mania
  - Schizophrenia
  - Suicidal tendencies
Lesson Objectives

- Describe emergency medical treatment for patient experiencing:
  - Anxiety
  - Depression
  - Domestic violence
  - Mania
  - Schizophrenia
  - Suicide attempt

Lesson Objectives

- List indications and procedures for restraining a violent patient
- Explain rationale for learning how to modify your behavior toward a patient experiencing a behavioral emergency

Lesson Objectives

- Demonstrate assessment and emergency medical care of patient experiencing a behavioral emergency
- Demonstrate various techniques for safely restraining a patient experiencing a behavioral problem
Introduction

- Mental illness—common in the U.S.

- Problems include:
  - Changes in sensory perception
  - Thought disturbances
  - Paranoia
  - Depression
  - Psychosis

- Be ready to assist patients having a behavioral emergency

Behavioral Emergencies

- Abnormal behavior includes an act that:
  - Deviates from norm of a specific culture
  - Is disruptive to an individual’s functioning or health
  - Is harmful to one’s self or others

- Any behavior that meets >1 of these criteria, and requires immediate intervention to ensure safety of everyone involved is a behavioral emergency

Behavioral Emergencies

- Psychiatric illness & physiological factors can cause behavioral emergencies
Specific Causes

- Psychological
- Medical
- Intracranial
- Infectious
- Metabolic
- Psychosocial/situational
- Alcohol & drug abuse

Psychological Causes

- Can change behavior of normally functioning person
- Specific mental illness may have onset at different ages
  - Example
    - Schizophrenia—onset in men in their 20s and in women in their 30s

Medical Causes

- Medical causes of behavioral emergencies—organic causes
- Sudden changes caused by medical event
  - Hypoxia
  - Low blood sugar levels
Medical Causes
- Metabolic
- Infectious
- Drug reactions or abuse
- Cardiovascular emergencies
- Intracranial

Intracranial Causes
- Any process that causes:
  - Bleeding
  - ↑ Pressure
  - Loss of function
    - Examples:
      - Stroke
      - Tumors
      - Dementia

Infectious Causes
- Edema
  - Examples
    - Encephalitis
    - Meningitis
    - Systemic infection
Metabolic Causes
- Diabetic emergency
- Electrolyte imbalances
- Hypoxia
- Organ failure
- Patients with chronic illness
  - Examples
    - Kidney and liver failure

Psychosocial/Situational Causes
- Traumatic events, recent or past
  - Examples
    - Post-traumatic stress disorder
    - Victim of child abuse

Alcohol & Drug Abuse
- Interfere with brain’s ability to process and evaluate environmental stimuli & information
- Used to self-medicate or attempt suicide
- Some substances produce hallucinations & delusions
Assessment

- Scene safety cannot be overemphasized
- Any call can involve a behavioral emergency
- Always be prepared to respond to potentially violent behavior

Assessment

- Observe patient from door

  - Note:
    - Posture
    - Speech
    - Possession or access to weapons

  - Any object can become a weapon if patient feels threatened

Assessment

- Watch patient for changes as you approach

  - Some patients want and will accept help; others may feel threatened by your approach

  - Use a slow, calculated approach

  - Always have path to exit
Assessment

- Introduce yourself and other responders
- Establish rapport
- Treat any medical condition

Assessment

- Mental illness can predispose patients to physical problems
- Poor hygiene, poor nutrition, & neglect of medical care due to mental illness can result in complications of diabetes & other diseases

Primary Survey

- Do not be overlook this step
- Behavioral event may be result of medical emergency
Secondary Survey

- Elicit history
- Ask about medications and whether patient has been compliant with them
- Ask what happened to cause current situation

Calming & Crisis Management Techniques

- Anticipate changes in scene safety
  - Enlist law enforcement as needed
- Designate 1 person to have patient contact
- Speak in slow, relaxed tone
  - Do not insult or antagonize
- Do not go along with hallucinations or delusions
- Use restraints only as last resort

Anxiety

- Severe, persistent fear

- Subcategories: phobias & panic attacks
  - Phobias—irrational fears
  - Panic attack—sudden onset of anxiety when a person is placed in stressful situation
Physical Signs & Symptoms

- Hyperventilation
- Dyspnea
- Choking, difficulty swallowing
- Numbness and tingling in hands, feet, and around mouth
- Racing or pounding heart
- Dizziness
- Fainting
- Sweating

Assessment & Treatment

- Determine whether patient has taken any meds; how much
- Remove patient from environment or remove object creating anxiety
- Limit number of people at scene

Depression

- Can affect normal daily functioning
  - Interactions with friends, family
  - Performance at work
- Affects >19 million adults annually
- Women affected more often than men
- Can be a serious complication of major illnesses
**Signs & Symptoms**

- Depressed mood
- Loss of interest in activities
- Weight loss/gain
- Sleep disturbances
- Agitation
- Fatigue
- Feelings of worthlessness
- Inability to concentrate
- Recurrent thoughts of death

**Depression**

- Associated medical conditions
  - Chronic fatigue
  - Poor hygiene
  - Failure to manage medical conditions
  - Poor nutrition
- Consider depression in elderly

**Depression**

- Assess potential for suicide
  - Do you want to hurt yourself?
  - Do you have a plan?
  - Have you taken any medications or drugs?
  - How long have you felt this way?
  - Have you attempted suicide before?
**Mania**

- Occurs in patients with bipolar disorder
  - Alternating periods of depression and elevated mood & activity

**Signs & Symptoms**

- Excessive mood elevation
- Talkativeness
- Increased activity
- Risk taking
- Expressions of grandeur
- Engaging in risking behavior

**Assessment & Treatment**

- Patient may indicate he/she does not need help, but is at risk for self-injury
- Approach patient carefully
- Be firm
- Keep environmental stimulation to minimum
- Transport required
Schizophrenia

- Group of disorders
- Disorganized, bizarre thoughts
- Many are homeless
- Noncompliance with meds and attempts to self-medicate with alcohol and street drugs leads to regression

Signs & Symptoms

- Catatonia
- Delusions
- Hallucinations
- Hysteria
- Paranoia
- Psychosis

Assessment & Treatment

- Approach carefully
  - If patient feels threatened, may try to harm EMT
- Communicate clearly
  - Introduce yourself and state that you are an EMT
  - Speak to patient, not just family members
- Do not play into delusions and hallucinations
- Transport is imperative
Domestic Violence

- Type of abuse
  - Physical
  - Emotional
  - Sexual

Domestic Violence

- Victims
  - Spouse
  - Child
  - Elderly
  - Often feel as if there is no escape

- Issue
  - Control
  - Power
  - Feelings of superiority

Signs & Symptoms

- Multiple injuries in various stages of healing
- Delay in reporting injuries
- Substance abuse and suicide attempts may be indicators
Assessment & Treatment

- Be aware of potential for violence
- Be sympathetic and kind
- Perform standard assessment
- Treat injuries
- Transport
- Do not confront or assume

Rape Victims

- One EMT cares for patient
  - Patient may prefer same gender
- Maintain patient’s privacy
- Preserve evidence
  - Place clothing removed into paper bag
- Care for physical injuries with empathy and compassion

Assault Victims

- Assault—threat
  - Verbal
  - Physical
  - Emotional
- Battery—unwanted touching
- Notify police
- Treatment similar to that for rape victims
Suicidal Patients

- All attempts, threats, and thoughts about suicide must be taken seriously
- Suicidal patients may suffer from depression, anxiety, or stress

Predictors of Suicide

- History of depression
- Previous attempt(s)
- Substance abuse
- Financial distress/loss of job
- Loss of loved one
- History of abuse
- Being divorced or widowed
- Older age
- Male gender
- Specific plan

Signs & Symptoms

- Complaints of feeling hopeless or of having no way out of a particular situation
- May try violent ways to die

- Other methods
  - Toxic ingestion
  - Overdose
  - Substance abuse
Assessment & Treatment

- Approach carefully
  - May have weapon or may be in toxic environment
- Perform standard assessment
- Treat injuries and medical conditions
- Ask questions about intent
- Transport to definitive care

Violent & Aggressive Patients

- Predictors of violent behavior:
  - Past history of violence
  - Substance abuse
  - Aggressive posture/tone
  - Rage
  - Anxiety/agitation
- Involve law enforcement with homicidal patients

Restraints

- Indications—any patient who poses threat to self or others
- Follow local protocols; ensure enough help before attempting to restrain
- Never restrain in prone position
Legal Considerations

- Most states have mandatory reporting requirements for reporting:
  - Abuse
  - Domestic violence
  - Sexual assault
  - Physical assault
  - Battery
  - Violent crimes

- Documentation is critical
- Must maintain patient confidentiality

Views on Behavioral Emergencies

- Actions of patients with behavioral emergencies can be difficult to understand and may provoke stress

- Remember that patients with behavioral emergencies are medical patients who require medical care

Summary

- Behavioral emergencies—commonly encountered
- First priority—safety of EMS providers
- Communicate with patient; gain his or her trust
- Care empathetically for patient
- Transport patients with behavioral emergencies