Chapter 24
Behavioral Emergencies

Overview

- Behavior
  - Behavior Changes
  - Psychological Crises
  - Suicidal Gestures
- Assessment and Emergency Care
  - Scene Size-Up
  - Communication and Emergency Medical Care
  - Calming the Patient
  - Restraints
- Medical and Legal Considerations
  - Consent
  - Resistance to Treatment
  - Use of Force
  - Documentation

Behavior

- Behavior is the manner in which a person acts or performs
- All physical and mental activities are part of a person’s behavior
- Many factors can influence a person’s behavior, including cultural norms, stress levels, and psychological makeup
Behavior

- Behavioral emergency
  - Results when a person exhibits abnormal behavior in a situation that results in potential harm to himself or others
  - Behavior is unacceptable or intolerable to the person, family members, or the community

Behavior

- Conditions that affect behavior
  - Low blood sugar
  - Lack of oxygen
  - Inadequate blood flow to the brain
  - Head trauma
  - Excessive heat
  - Mind-altering substances
  - Psychogenic—resulting in psychotic thinking, depression, or panic
  - Excessive cold

Psychological Crisis

- Psychological crises
  - Panic
  - Agitation
  - Bizarre thinking and behavior
  - Danger to self
    - Self-destructive behavior
    - Suicide
  - Danger to others
    - Threatening behavior
    - Violence
Suicidal Gestures

- Depression
  - Sad, tearful
- Thoughts of death or taking one's life

_The EMT-Basic must recognize and intervene in self-destructive behavior before the patient commits the act of suicide._

Suicidal Gestures

- Risk factors
  - Individuals older than 40 years
    - Single
    - Widowed or divorced
    - Alcoholic
    - Depressed
  - A defined, lethal plan of action that has been verbalized
  - Unusual gathering of articles that can cause death

Suicidal Gestures

- Risk factors
  - Previous history of self-destructive behavior
  - Recent diagnosis of serious illness
  - Recent loss of significant loved one
  - Arrest or imprisonment
  - Loss of job
**Assessment and Emergency Care**

- **Scene Size-Up**
  - Patient in an unsafe environment or with unsafe objects in hands
  - Displaying of self-destructive behavior during initial assessment or prior to emergency response

  *Any object may become dangerous if the person holding it intends to do harm.*

- **Focused history and physical exam**
  - Important questions to be considered
    - How does the patient feel?
    - Does patient have suicidal tendencies?
    - Is patient a threat to self or others?
    - Is there a medical problem?
    - Have any interventions been initiated?
Assessment and Emergency Care

Assessment of potential violence

- History
  - Check with family and bystanders to determine if the patient has a known history of aggression or combativeness
- Posture
  - Stands or sits in a position that threatens self or others
  - May have fists clenched or lethal objects in hands
- Vocal activity
  - Yelling or verbally threatens harm to self or others
- Physical activity
  - Moves toward caregiver, carries heavy or threatening objects, has quick irregular movements, muscles tense

Avoid allowing any participant in a dispute to position himself between you and an exit.

Communication and Emergency Care
Communication and Emergency Care

- Scene size-up, personal safety
- Patient assessment
- Calm the patient
  - Do not leave the patient alone
- Restrain if necessary
- Consider need for law enforcement
- Transport

Communication and Emergency Care

- Principles for assessing behavioral emergency patients
  - Identify yourself and let the person know you are there to help
  - Inform him or her of what you are doing
  - Ask questions in a calm, reassuring voice
  - Allow the patient to tell what happened without being judgmental
  - Show you are listening by rephrasing or repeating part of what is said
  - Acknowledge the patient’s feelings

Communication and Emergency Care

- Assess the patient’s mental status
  - Appearance
  - Activity
  - Speech
  - Orientation for time, person, and place
- If overdose, bring medications or drugs found to medical facility
Calming the Patient

- Maintain a comfortable distance
- Encourage the patient to state what is troubling him or her
- Do not make quick moves
- Respond honestly to patient's questions
- Do not threaten, challenge, or argue with disturbed patients
- Tell the truth; do not lie to the patient
- Do not "play along" with visual or auditory disturbances of the patient
- Involve trusted family members or friends
- Be prepared to stay at the scene for a long time; always remain with the patient
- Avoid unnecessary physical contact; call additional help if needed
- Use good eye contact

Restraints
Restraints

- Restraint should be avoided unless patient is a danger to self and others
- When using restraints have police present, if possible, and get approval from medical direction

Examples of soft restraints

Technique
- Be sure to have adequate help
- Plan your activities
- Use only the force necessary for restraint
- Estimate range of motion of patient's arms and legs and stay beyond range until ready
- Once decision has been made, act quickly
Restraints

- Technique
  - Have one EMT-Basic talk to patient throughout restraining
  - Approach with four persons, one assigned to each limb, all at the same time
  - Secure limbs together with equipment approved by medical direction
  - Secure to stretcher with multiple straps
Restraints

- Technique
  - Cover face with surgical mask if patient is spitting on EMT-Basics
  - Reassess circulation frequently
  - Document indication for restraining patients and technique of restraint
  - Avoid unnecessary force

Medicolegal Considerations

- Consent
  - Determine if patient is capable of making decisions
  - Obtain consent if possible
  - Emotionally disturbed patient who consents to care—legal problems greatly reduced
Medicolegal Considerations

- Resistance to treatment
  - Emotionally disturbed patient will often resist treatment
  - May threaten EMT-Basics and others
  - To provide care against patient’s will, you must show reasonable belief the patient would harm self or others
  - If a threat to self or others, patient may be transported without consent after contacting medical direction
  - Usually law enforcement is required

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