Chapter 20 Psychiatric Emergencies

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

Myth and Reality
- ______________________ has some symptoms of mental illness at some point in life.
  - Does not mean that everyone develops mental illness
- Only a small percentage of mental health patients are violent.
- Perfectly healthy people may have ______________________ occasionally.

Defining Behavioral Crisis (1 of 3)
- 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 ______________________ with activities of daily living or that becomes unacceptable to the patient, family, or others
  - A ______________________, not an isolated incident

Defining a Behavioral Crisis (2 of 3)
- Usually, if an abnormal pattern of behavior lasts for at least a ______________________, it is a matter of concern.
- Chronic depression is a persistent feeling of sadness and despair.
- May be a symptom of a mental or ______________________ disorder

Defining a Behavioral Crisis (3 of 3)
- When a psychiatric emergency arises, the patient:
  - May show agitation or ______________________
  - May become a threat to ______________________ or others

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
  - Functional

Organic Brain Syndrome (1 of 2)
- A temporary or permanent dysfunction of the brain caused by a disturbance in the physical or physiologic functioning of the ______________________ tissue.
• Causes include __________________ illness, head trauma, seizures, intoxication, and diseases of the brain

9 □ Organic Brain Syndrome (2 of 2)
• Altered mental status can arise from:
  • Low level of blood __________________
  • Lack of oxygen
  • Inadequate blood flow to brain
  • Excessive heat or __________________

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

11 □ Safety Guidelines
• Be prepared to spend extra __________________ .
• Have a plan of action.
• Identify yourself.
• Be __________________ .
• Be direct.
• Assess the __________________ .
• Stay with patient.

12 □ Scene Size-Up
• Scene safety
  • Is the situation unduly __________________ 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 __________________ issues involved?

13 □ Primary Assessment
• ABCs
  • Avoid __________________ the patient without permission
  • Be prepared for __________________ in patient’s behavior

14 □ History Taking
• Consider three major areas:
  • Is the patient’s __________________ functioning properly?
  • Are hallucinogens, other drugs, or alcohol a factor?
  • Are psychogenic circumstances, symptoms, or an illness involved?
  • __________________ history

15 □ Secondary Assessment
• Physical Exam:
  • A _______________________ patient may not respond at all to your questions.
  • Obtain vital signs when doing so will not _______________________ the patient’s emotional distress.
  • Make every effort to assess blood pressure, pulse, respirations, skin, and pupils

16 ■ Reassessment
  • Never let your guard down.
    • Many patients will act spontaneously.
  • If _______________________ are necessary, reassess and document every 5 minutes:
    • Respiration
    • Pulse and motor and sensory function in all restrained extremities
  • Try to give the receiving hospital _______________________ warning of the psychiatric emergency

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

18 ■ Schizophrenia (1 of 2)
  • A complex disorder that is not easily defined or treated.
  • Typical onset occurs during _______________________ .
  • Influences thought to contribute include:
    • _______________________ damage
    • Genetics
    • Psychological and social influences

19 ■ Schizophrenia (2 of 2)
  • Persons with schizophrenia experience symptoms including:
    • Delusions
    • _______________________ 
    • A lack of interest in pleasure
    • Erratic _______________________ 

20 ■ Guidelines for Dealing With a Psychotic Patient
  • Determine if the situation is _______________________ .
  • Identify yourself clearly.
  • Be calm, direct, and straightforward.
  • Maintain an emotional distance.
  • Do not _______________________ .
Explain what you would like to do.
• Involve people the patient _________________________, such as family or friends, to gain patient cooperation.

21 □ Suicide
• _________________ 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 _________________ signs.

22 □ Critical Warning Signs of Suicide
• Does the patient have an air of _________________, 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 _________________ relating to death?

23 □ Additional Risk Factors for Suicide
• Are there any _________________ 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 _________________ as well.

24 □ Handling Suicidal Patients (1 of 2)
• Assure scene safety.
• Establish personal interaction with the pt.
  • Visual, _________________
  • Obtain patient’s name
• Do not leave patient _________________.
• Be _________________
• Be non-threatening, non-judgemental

25 □ Handling Suicidal Patients (2 of 2)
• Assess and care for physical problems.
• _________________ off if necessary.
• Do not kidnap patient, call PD.
• Never _________________ about patient’s condition.
• Talk and listen to pt.
• Stay calm, don’t _________________.

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

27 S/S of Agitated Delirium (1 of 2)
- Hyperactive irrational behavior
- Inattentiveness
- Vivid ________________
- Hypertension
- Tachycardia
- ________________
- Dilated pupils

28 S/S of Agitated Delirium (2 of 2)
- Be calm, supportive, and empathetic.
- Approach the patient _______________________ and purposefully and respect the patient’s territory.
- Limit _______________________ contact.
- Do not leave the patient unattended.

29 Dealing With Agitated Delirium (1 of 2)
- Try to indirectly determine the patient’s:
  - ________________
  - Memory
  - Concentration
  - ________________
- Pay attention to the patient’s ability to communicate, appearance, dress, and personal hygiene.

30 Dealing With Delirium (2 of 2)
- If you determine the patient requires _______________________ , 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 ________________ .

31 Geriatric Needs
- Depression is a common mental status problem.
- ________________ is a progressive change in mental status.
- Underlying conditions may cause altered behavior.
- A smile and a ________________ can go a long way in alleviating fear, especially with the elderly.

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

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

34 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 ________________ custody to allow you to provide care.
• Know your local laws and protocols.
• In Texas, a peace officer may sign a protective custody form and have a patient committed for _________ to ____________ hours.

35 In psychiatric cases, a court of law would probably consider your actions in providing lifesaving care to be ________________ .
Err on the side of ________________ and transport.

36 Restraints (1 of 2)
• You cannot restrain a patient unless it is an ________________ .
• You may use restraints only:
  • To protect yourself or others from bodily harm
  • To prevent the patient from causing ________________ to himself or herself
• Transport a disturbed patient without restraints if possible.

37 Restraints (2 of 2)
• If you must restrain the patient, use only ________________ force.
  • Law enforcement personnel should be involved.
• At least ________________ people should be present to carry out the restraint, each being responsible for one extremity
• Make sure restraints do not restrict distal circulation
• Do not ________________ until arrival at ER

38 Use Soft Restraints

39 Monitor Distal Circulation

40 Potentially Violent Patients
• Use a list of risk factors to assess the level of danger:
  • Past history
  • ________________
  • Scene
• Vocal activity
• _______________________ activity

41 Other Factors to Consider for Potential Violence
• Poor _______________________ control
• History of uncontrollable temper
• Low socioeconomic status
• Substance abuse
• _______________________ 
• Functional disorders

42 Handling Psychiatric Emergencies
• Treat only life threatening emergencies.
• Do not _______________________ restraints once applied.
• Stay calm.
• Attempt to _______________________ patient.
• Do not turn your back on patient.
• Listen to patient.
• Maintain non-threatening posture.
• Maintain a means of _______________________ .