**Behavioral Emergency**

- Behavior is what you can see of a person’s response to the environment
- Patient’s behavior is disturbing to himself, his family, or his community.
- Never assume patient has psychiatric illness until all possible physical causes are ruled out.

**Behavioral Changes from Physical Causes – Organic Brain Syndrome**

- Causes
  - Low blood sugar
  - Hypoxia
  - Inadequate cerebral blood flow
  - Head trauma
  - Drugs, Alcohol
  - Excessive Heat, cold
  - CNS infections

**Behavioral Change**

- Clues suggesting physical causes
  - Sudden onset
  - Visual, but not auditory, hallucinations
  - Memory loss, impairment
  - Altered pupil size, symmetry, reactivity
  - Excessive salivation
  - Incontinence
  - Unusual breath odors

**Anxiety**

- Most common psychiatric illness
- Painful uneasiness about impending problems, situations
- Characterized by agitation, restlessness
- Frequently misdiagnosed as other disorders

**Psychiatric Emergencies**

- Behavior is what you can see of a person’s response to the environment
- Patient’s behavior is disturbing to himself, his family, or his community.
- Never assume patient has psychiatric illness until all possible physical causes are ruled out.
Panic Attack

- Panic Attack
  - Intense fear, tension, restlessness
  - Patient overwhelmed, cannot concentrate
  - May also cause anxiety, agitation among family, bystanders

Anxiety

- Panic attack
  - Dizziness
  - Tingling of fingers, area around mouth
  - Carpal-pedal spasms
  - Tremors
  - Shortness of breath
  - Irregular heartbeat
  - Palpitations
  - Diarrhea
  - Sensation of choking, smothering

Phobias

- Closely related to anxiety
- Stimulated by specific things, places, situations
- Sign, symptoms resemble panic attack
- Most Commons phobias:
  - Arachnophobia – fear of spiders
  - Ophidiophobia - fear of snakes
  - Acrophobia – fear of heights
  - Agoraphobia – fear of open spaces
  - Claustrophobia – fear of enclosed spaces

Depression

- Deep feelings of sadness, worthlessness, discouragement
- Factor in 50% of suicides

Depression

- Sad appearance
- Listless, apathetic behavior
- Crying spells
- Withdrawal
- Pessimism
- Loss of appetite
- Sleeplessness
- Fatigue
- Despconde
- Severe restlessness

Ask all depressed patients about suicidal thoughts

Asking someone about suicide will NOT put the idea in their head

Bipolar Disorder

- Manic-depressive
- Swings from one end of the mood spectrum to other
- Manic phase: Inflated self image, elation, feelings of being very powerful
- Depressed phase: Loss of interest, feelings of worthlessness, suicide thoughts
- Delusions, hallucination occur in either phase
**Paranoia**
- Exaggerated, unwarranted mistrust
- Often elaborate delusions of persecution
- Tend to carry grudges
- Cold, aloof, hypersensitive, defensive, argumentative
- Cannot accept fault
- Excitable, unpredictable

**Schizophrenia**
- Debilitating distortions of speech, thought
- Bizarre hallucinations
- Social withdrawal
- Lack of emotional expressiveness
- NOT the same as multiple personality disorder

**Suicide**
- Suicide attempt = any willful act designed to end one’s own life
- 10th leading cause of death in the U.S.
- Second among college students
- Women attempt more often
- Men succeed more often

**Risk Factors**
- Men > 40 years old
- Single, widowed, or divorced
- Drug, alcohol abuse history
- Severe depression
- Previous attempts, gestures
- Highly lethal plans

**Suicide**
- 50% who succeed attempted previously
- 75% gave clear warning of intent
- Take ALL suicidal acts seriously

People who kill themselves, DO talk about it in advance

**Risk Factors**
- Obtaining means of suicide (gun, pills, etc)
- Previous self-destructive behavior
- Current diagnosis of serious illness
- Recent loss of loved one
- Arrest, imprisonment, loss of job.
**Violence**
- Scene safety is paramount
- 60-70% of behavioral emergency patients become assaultive or violent

**Violence to Others**
- Causes include:
  - Real, perceived mismanagement
  - Psychosis
  - Alcohol, drugs
  - Fear
  - Panic
  - Head injury

**Warning Signs**
- Warning Signs
  - Nervous Pacing
  - Shouting
  - Threatening
  - Cursing
  - Throwing objects
  - Clenched teeth and/or fists

**Safety Guidelines for Behavioral Emergencies**
- Be prepared to spend extra time
- Have a definite plan of action
- Identify yourself calmly
- Be direct
- Assess the scene
- Stay with the patient
- Encourage purposeful movement
- Express interest in the patient's story
- Do not get too close to the patient
- Avoid fighting with the patient
- Be honest and reassuring
- Do NOT judge

**Techniques**
- Speak calmly, reassuringly, directly
- Maintain comfortable distance
- Seek patient's cooperation
- Maintain eye contact
- No quick movements
- Respond honestly
- Never threaten, challenge, belittle, argue
- Always tell the truth
- DO NOT “play along” with hallucinations

**Techniques**
- Involve trusted family, friends
- Be prepared to spend time
- NEVER leave the patient alone
- Avoid using restraints if possible
- Do NOT force patient to make decisions
- Encourage patient to perform simple, non-competitive tasks
- Disperse crowds that have gathered
Pay careful attention to dispatch information for indications of potential violence
Never enter potentially violent situations without police
If personal safety uncertain, stand by for police
In suicide cases, be alert to hazards
  - Auto running in closed garage
  - Gas stove pilot lights blown out
  - Electrical devices in water
  - Toxins on or around patient

Quickly locate patient
Stay between patient and door
Scan quickly for dangerous articles
If patient has weapon, leave and request law enforcement
Look for:
  - Signs of possible underlying medical problems
  - Methods, means of committing suicide
  - Multiple patients

Identification of life threatening medical or traumatic problems has priority over behavioral problem.
Begin your assessment from the moment you arrive on scene

If your patient is unresponsive – control airway & find life threats
If a conscious patient –
  - Obtain a good history
  - Full set of baseline vitals
  - Limit physical contact in patients the feel threatened.
  - Be prepared to spend time with your patient

Is the patients central nervous system functioning properly?
  - Diabetic issues
  - Poisoning
  - Trauma
Are hallucinogens or other drugs or alcohol a factor?
  - Seeing things
  - Smell of alcohol
Are psychogenic circumstances, symptoms, or illness involved?
  - Death, depression, etc?

Injuries, medical conditions related to attempt are primary concern
Listen carefully
Accept patient’s complaints, feelings
Do NOT show horror, disgust
NO NOT trust rapid recoveries
Do something tangible for the patient
DO NOT try to deny the attempt occurred
NEVER challenge patient to go ahead, do it
### Assessment: Violent Patients

- Find out if the patient has threatened/ has history of violence, aggression, combativeness
- Assess body language for clues to potential violence
- Listen to clues to violence in patients speech
- Monitor movements, physical activity
- Be prepared to restrain, but only if necessary

### Management

- Your safety comes first
- Trauma, medical problems have priority
- Calm the patient; NEVER leave him alone
- Use restraints as needed to protect yourself, the patient, others
- Transport to facility with appropriate resources

### Identify the Violent Patient

- Does the patient have a history of violence ?
- What is the patient's posture ?
- Look around the scene for clues.
- Notice the vocal activity of the patient
- Physical activity and signs:
  - Tense muscle
  - Clenched fist
  - Glaring eyes

### Consent

- Implied consent in the behavioral emergencies patient can be complicated –
  - Do any life threats exist?
  - Is the patient at risk for harming themselves or someone else?
  - Law enforcement

### Restraining Patients

- A patient may be restrained if you have good reason to believe he is a danger to:
  - You
  - Himself
  - Other people

### Restraining Patients

- Have a plan; Know who will do what
- Use only as much force as needed
- When the times come, act quickly; take the patient by surprise
- At least four other rescuers; one for each extremity
- Use humane restraints (soft leather, cloth) on limbs
- Secure patient to stretcher with straps at chest, waist, thighs
- If patient spits, cover face with surgical mask
- Once restraints are applied, NEVER remove them!
Reasonable Force

- Minimum amount of force needed to keep patient from injuring self, others
- Force must NEVER be punitive in nature
- Frequently recheck PMS in your patient
- DOCUMENT, DOCUMENT, DOCUMENT !!!!!!

Questions?