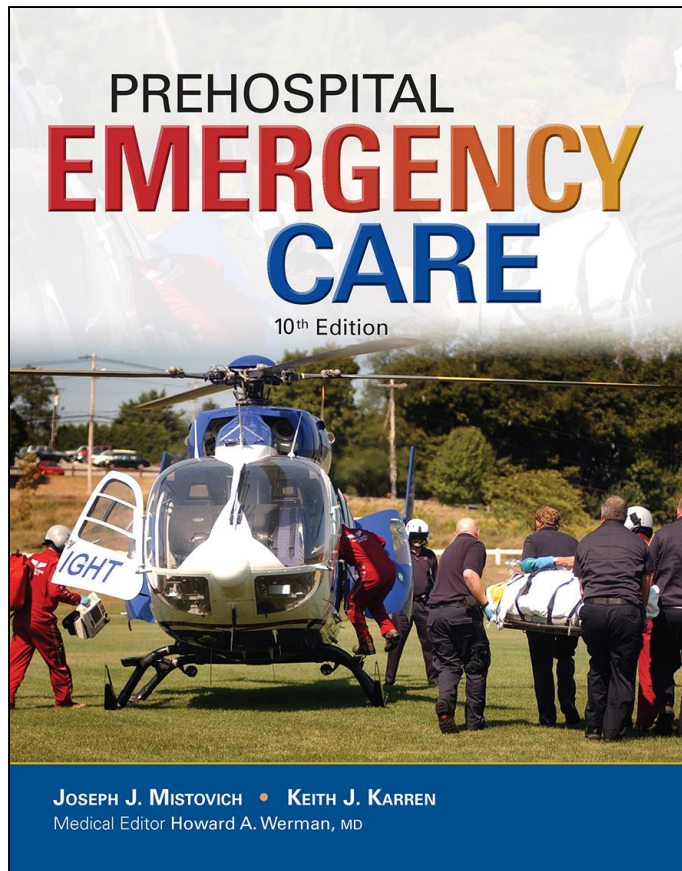


# PREHOSPITAL EMERGENCY CARE

TENTH EDITION



## CHAPTER 26

### Behavioral Emergencies

# Learning Readiness

- EMS Education Standards, text p. 730

# Learning Readiness Objectives

- Please refer to page 730 of your text to view the objectives for this chapter.

# Learning Readiness

## Key Terms

- Please refer to page 730 of your text to view the key terms for this chapter.

# Setting the Stage

- Overview of Lesson Topics
  - Behavioral Problems
  - Dealing with Behavioral Emergencies
  - Legal Considerations

# Case Study Introduction

EMTs Nancy Snyder and Colby Nixon respond to assist law enforcement with a person hallucinating. When they arrive, they find a 26-year-old man who is terrified, agitated, and screaming, "Help me! Get them off! Get these spiders off me!"

# Case Study

- How should the EMTs approach this patient? What should they say?
- What are some potential causes of the patient's behavior?

# Introduction

- The care you give patients with behavioral emergencies can save lives, just as the care you provide for physical problems does.



# Behavioral Problems

- Behavior is a person's activities and responses, especially that which can be observed.
- A behavioral emergency is behavior that is unacceptable or intolerable to the patient or someone else.

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# Behavioral Problems

- Mental illness is a disorder of thought, mood, perception, orientation, or memory that impairs judgment, behavior, recognition of reality, or ability to complete activities of daily living.

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# Behavioral Problems

- Behavioral change has many causes.
  - Low blood sugar
  - Hypoxia
  - Inadequate blood flow to the brain
  - Head trauma
  - Mind-altering substances

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# Behavioral Problems

- Behavioral change has many causes.
  - Psychogenic substances
  - Excessive cold or heat
  - Infections of the brain or its coverings
  - Seizure disorder
  - Toxic ingestion or overdose
  - Drug or alcohol withdrawal

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# Behavioral Problems

- Always consider that an apparent behavioral problem may have a physical cause.

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# Behavioral Problems

- During the assessment, pay attention to the following:
  - General appearance and demeanor
    - Grooming
    - Build
    - Behavior

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# Behavioral Problems

- During the assessment, pay attention to the following:
  - Speech
    - Pattern
    - Slurring
    - Words
    - Appropriateness of responses
    - Pressured speech

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# Behavioral Problems

- During the assessment, pay attention to the following:
  - Skin
    - Color, temperature, condition
  - Posture or gait
    - Look for unusual movements
  - Orientation
    - Person, place, and time

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# Behavioral Problems

- During the assessment, pay attention to the following:
  - Memory
    - Can the patient recall events?
    - Ability to think abstractly?
  - Awareness
    - Awareness of surroundings

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# Behavioral Problems

- During the assessment, pay attention to the following:
  - Body language
    - Threatening gestures or expression?
    - Dystonia
    - Tardive dyskinesia

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# Behavioral Problems

- Perception and thought content
  - Organization of thoughts
  - Indications of hallucinations, delusions, phobias
  - Rapid shifts in topic
  - Repeated words

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# Behavioral Problems

- Mood and affect
  - Normal mood, anger, euphoria, or irritability
  - Restricted or flat affect
  - Rapid shifts in emotion

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# Behavioral Problems

- Judgment
  - Rational decision-making
  - Insight

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# Behavioral Problems

- Indications that the cause of a behavioral problem is physical include:
  - Sudden onset of symptoms
  - Memory loss or impairment
  - Nature of hallucinations
  - Pupillary changes

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# Behavioral Problems

- Indications that the cause of a behavioral problem is physical include:
  - Excessive salivation
  - Incontinence
  - Unusual odors on the breath

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# Behavioral Problems

- Psychiatric conditions that can lead to behavioral emergencies include:
  - Anxiety
  - Phobias
  - Depression
  - Bipolar disorder
  - Paranoia
  - Psychosis
  - Schizophrenia

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# Behavioral Problems

- Anxiety
  - A state of uneasiness about impending problems
  - Characterized by agitation and restlessness
  - Includes panic attacks

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# Behavioral Problems

- Panic attacks
  - Sudden onset, lasting  $\leq 10$  minutes
  - Palpitations, sweating, trembling, shortness of breath, derealization, fear of losing control or dying
  - May be accompanied by hyperventilation

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# Behavioral Problems

- Phobias
  - Irrational fear of specific object or event
  - Causes intense fear

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# Behavioral Problems

- Depression
  - Feelings of sadness, worthlessness, discouragement
  - A factor in suicides
  - Flat affect, withdrawal, crying
  - Changes in appetite or sleeping
  - Feelings of guilt and indecision

*continued on next slide*

# Behavioral Problems

- Bipolar disorder
  - Changes in mood from very elevated to very low
  - Manic phase involves abnormally elevated, expansive, or irritable mood.
  - Elevated mood alternates with periods of normal or depressed mood.

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# Behavioral Problems

- Paranoia
  - Exaggerated or unwarranted mistrust and suspicion
  - Delusions of persecution
  - May be aloof, hypersensitive, argumentative
  - Behavior can be unpredictable and aggressive.

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# Behavioral Problems

- Psychosis
  - Patient lives within his own reality.
  - Can manifest through delusions, hallucinations, disorganized speech or behaviors, and loose associations

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# Behavioral Problems

- Schizophrenia
  - Chronic mental illness
  - Distortions of speech and thought
  - Delusions, hallucinations, social withdrawal, catatonic behavior, lack of emotional expressiveness

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# Behavioral Problems

- Violence and suicide
  - Violence may be directed at self or others.
  - Suicide is a willful act designed to end one's own life.
  - Suicide is a significant cause of death.

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# Behavioral Problems

- Violence and suicide
  - Common methods of suicide include:
    - Gunshot wound
    - Hanging
    - Poisoning by ingestion
    - Carbon monoxide poisoning

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# Behavioral Problems

- Violence and suicide
  - EMTs must take every suicide attempt or gesture seriously and transport the patient for evaluation.

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# Behavioral Problems

- Risk factors and signs of potential suicide include the following:
  - History of mental illness
  - Previous suicidal gestures
  - History of child abuse
  - Genetic predisposition
  - Feelings of hopelessness

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# Behavioral Problems

- Risk factors and signs of potential suicide include the following:
  - Unwillingness to seek mental health care
  - Feelings of isolation
  - Local epidemic of suicide
  - History of impulsive or aggressive behavior
  - Lack of access to mental health care

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# Behavioral Problems

- Risk factors and signs of potential suicide include the following:
  - Diagnosis of serious illness
  - Significant loss
  - Ages 15 to 24 years and 40 to 59 years
  - Alcohol or drug abuse
  - Divorced or widowed

*continued on next slide*

# Behavioral Problems

- Risk factors and signs of potential suicide include the following:
  - Gives away personal belongings
  - Psychosis with depression
  - Homosexuality
  - Major physical stress
  - Suicide of same-sex partner

*continued on next slide*

# Behavioral Problems

- Risk factors and signs of potential suicide include the following:
  - Feelings of hopelessness
  - Unwillingness to seek mental health care
  - Feelings of isolation
  - Local epidemic of suicide

*continued on next slide*



# Behavioral Problems

- Risk factors and signs of potential suicide include the following:
  - A clear plan for committing suicide
  - Availability of the mechanism to carry out suicide

*continued on next slide*

# Behavioral Problems

- Agitated delirium
  - Mental state and physiological response that may be associated with drug use
  - Can lead to sudden cardiac arrest
  - Consider ALS for administration of drugs for chemical restraint.

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# Behavioral Problems

- Agitated delirium is characterized by:
  - Unusual strength and endurance
  - Tolerance of pain
  - Agitation
  - Hostility

*continued on next slide*

# Behavioral Problems

- Agitated delirium is characterized by:
  - Frenzied, bizarre behavior
  - Hot, diaphoretic skin
  - Unusual speech

*continued on next slide*

# Behavioral Problems

- Violence to others
  - A violent patient can be difficult to control.
  - Violence can be provoked by actual or imagined mismanagement, psychosis, intoxication, fear, panic, paranoia, or head injury.

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# Behavioral Problems

- Signs of impending violence include:
  - Nervous pacing
  - Shouting
  - Threatening
  - Cursing
  - Throwing objects
  - Clenched teeth or fists

Click on the disorder that is characterized by sadness, feelings of guilt and worthlessness, and loss of interest in pleasurable activities.

A. Anxiety

B. Depression

C. Psychosis

D. Bipolar disorder

# Dealing with Behavioral Emergencies

- Basic principles
  - Every person has limitations.
  - Each person has a right to his feelings.
  - Each person has more ability to cope than he might think.

*continued on next slide*



# Dealing with Behavioral Emergencies

- Basic principles
  - Emotional injury is as real as physical injury.
  - People who have been through a crisis do not "just get better."
  - Cultural differences have special meaning in behavioral emergencies.

*continued on next slide*

# Dealing with Behavioral Emergencies

- Therapeutic interviewing techniques
  - Approach the patient slowly and with a purpose.
  - Engage in active listening.
  - Be supportive and empathetic.
  - Limit the interruptions in the interview and allow the patient to fully express himself or herself.

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# Dealing with Behavioral Emergencies

- Therapeutic interviewing techniques
  - Respect the patient's space.
  - Limit physical touch until a rapport is established.
  - Avoid any action the patient may interpret as threatening.
  - Avoid any questions or statements the patient may construe as threatening.

*continued on next slide*

# Dealing with Behavioral Emergencies

- Other techniques to use:
  - Speak in a calm, reassuring voice.
  - Maintain a comfortable distance between you and the patient.
  - Seek the patient's cooperation.
  - Maintain good eye contact.

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# Dealing with Behavioral Emergencies

- Other techniques to use:
  - Do not make quick movements.
  - Respond honestly to questions; don't foster unrealistic expectations.
  - Don't threaten, challenge, belittle, or argue.
  - Be truthful; do not lie to the patient.

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# Dealing with Behavioral Emergencies

- Other techniques to use:
  - Do not play along with hallucinations.
  - If possible, involve trusted family members.
  - Be prepared to spend time at the scene.
  - Do not leave the patient alone.

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# Dealing with Behavioral Emergencies

- Other techniques to use:
  - Avoid use of restraints, if possible.
  - Do not force the patient to make decisions.
  - Encourage the patient to engage in motor activity.
  - Disperse crowds.
  - Ensure that you have a preplanned exit route.

# Case Study

Colby kneels down near the patient, who is sitting on the ground. "I'm Colby. I want to help you. Tell me what is going on."

Meanwhile, Nancy learns from the patient's friend that "he has a drinking problem," but he has not been able to get alcohol for two to three days. "I think it's the DTs," the friend says. "I've seen it before. It looks like the DTs."

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# Case Study

- What consideration should Colby and Nancy give to the information received from the patient's friend?
- What steps should the EMTs take in the assessment and management of this patient?

# Dealing with Behavioral Emergencies

- Assessment-based approach
  - Scene size-up
    - Behavioral emergencies can be unpredictable and volatile.
    - Do not enter a dangerous situation without law enforcement support.
    - Be aware of dangers associated with a patient's choice of mechanism for suicide.

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# Dealing with Behavioral Emergencies

- Assessment-based approach
  - Scene size-up
    - Locate the patient before entering the scene.
    - Scan for objects that could be used as weapons.
    - Scan for items that could have been used in a suicide attempt.

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# Dealing with Behavioral Emergencies

- Assessment-based approach
  - Scene size-up
    - Look for indications of a physical problem.
    - Do not assume there is only one patient

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Visually locate the patient before approaching. Look for any weapons.



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# Dealing with Behavioral Emergencies

- Assessment-based approach
  - Primary assessment
    - Formulate a general impression.
    - Assess the mental status.
    - Assess airway and breathing.
    - Control bleeding; assess for shock.

*continued on next slide*

# Dealing with Behavioral Emergencies

- Assessment-based approach
  - Secondary assessment
    - Obtain a history.
    - Be polite and respectful.
    - Respect the patient's privacy.
    - Use active listening.
    - Use open-ended questions.

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# Dealing with Behavioral Emergencies

- In the interview, assess the following:
  - Intellectual function
  - Orientation
  - Memory
  - Concentration

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# Dealing with Behavioral Emergencies

- In the interview, assess the following:
  - Judgment
  - Thought content
  - Language
  - Mood

*continued on next slide*

# Dealing with Behavioral Emergencies

- Assessment-based approach
  - Secondary assessment
    - Physical exam
    - Baseline vital signs

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# Dealing with Behavioral Emergencies

- For suicidal patients:
  - Injuries and medical conditions take priority.
  - Listen carefully.
  - Accept the patient's complaints and feelings.
  - Do not trust "rapid recoveries."

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# Dealing with Behavioral Emergencies

- For suicidal patients:
  - Be specific in your actions (tangible).
  - Do not show disgust or horror.
  - Do not deny that a suicide attempt occurred.
  - Do not try to shock a patient out of a suicidal act.

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# Dealing with Behavioral Emergencies

- For violent patients:
  - Take a history
  - Look at the patient's posture
  - Listen to the patient
  - Monitor the patient's physical activity
  - Be firm and clear
  - Be prepared to use restraints, but only if necessary

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# Dealing with Behavioral Emergencies

- Signs and symptoms that may indicate a behavioral emergency:
  - Fear
  - Anxiety
  - Confusion
  - Behavioral changes
  - Anger

*continued on next slide*

# Dealing with Behavioral Emergencies

- Signs and symptoms that may indicate a behavioral emergency:
  - Mania
  - Depression
  - Withdrawal
  - Loss of contact with reality
  - Sleeplessness

*continued on next slide*

# Dealing with Behavioral Emergencies

- Signs and symptoms that may indicate a behavioral emergency:
  - Change in appetite
  - Loss of sex drive
  - Constipation
  - Crying
  - Tension
  - Irritability

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# Dealing with Behavioral Emergencies

- Emergency medical care
  - Maintain your own safety.
  - Assess for trauma and medical conditions.
  - Calm the patient and stay with him

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# Dealing with Behavioral Emergencies

- Emergency medical care
  - If necessary, use restraints.
  - Transport to a facility that can provide the needed treatment.
  - Reassess.

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# Dealing with Behavioral Emergencies

- Restraining a patient
  - If you believe the patient is a danger to himself or others, contact law enforcement.
  - Use restraints only for a patient who is a danger to himself or others.
  - Seek medical direction and follow protocols.

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# Dealing with Behavioral Emergencies

- Restraining a patient
  - Do not restrain a patient in a prone position.
  - Do not hogtie or hobble.
  - Restrain in a supine position.
  - Use humane restraints.

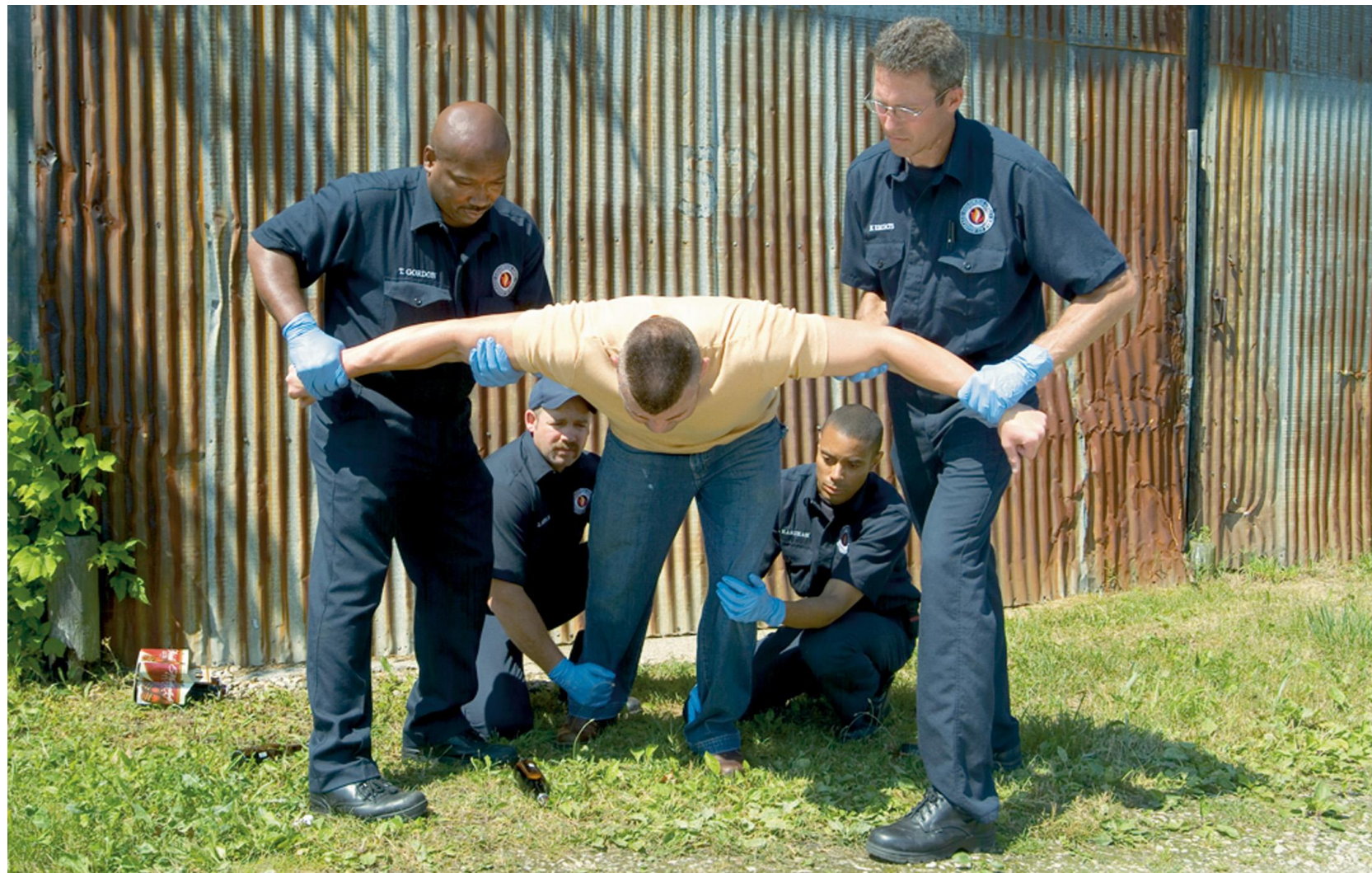
# EMT SKILLS 26-1

## Restraining the Combative Patient

If a possibility of danger exists, the patient should be interviewed with another EMT present. Identify yourselves and let the patient know what you expect.



Never try to restrain a patient until you have sufficient help and an appropriate plan. If necessary, create a safe zone and wait for police. Follow local protocol.



Place the patient supine on the ambulance stretcher and apply ankle and wrist restraints. Never restrain the patient in a prone position.





One method is to pull arms across the patient's chest and tie on opposite sides of the stretcher frame.



# Legal Considerations

- Consent
  - Patients who are unresponsive or not competent to consent may be treated under implied consent.

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# Legal Considerations

- Refusal of consent
  - Competent patients can refuse care.
  - If a patient threatens to harm himself or others, you may be able to transport without consent.
  - Document the situation; use direct quotes.
  - Involve law enforcement.
  - Follow protocol.

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# Legal Considerations

- Reasonable force
  - The minimum amount of force required to keep the patient from injuring himself or others.
  - The amount of force depends on the situation.
  - Involve law enforcement and follow protocol.

*continued on next slide*

# Legal Considerations

- False accusations
  - Document carefully and completely.
  - Document the patient's behavior and statements.
  - Have witnesses, if possible.
  - Use providers that are the same gender as the patient.

# Case Study Conclusion

Colby questions the patient about his perception that spiders are crawling on him. "I know you may see and feel spiders, but there aren't any spiders on you," she says. "What you are seeing is because of a medical problem."

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# Case Study Conclusion

The patient is calmed a little by Colby's reassurances, but still is agitated and disoriented. Colby performs a physical exam and obtains baseline vital signs and a blood glucose level before transport to the hospital. In the history, she is able to confirm that the patient is usually a heavy drinker, but that he has not had a drink for two days.

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# Case Study Conclusion

The patient denies a history of other medical problems, as well as taking any medications or other drugs. En route, he occasionally experiences hallucinations that he is covered in spiders.

Well aware of the potential for serious side effects from alcohol withdrawal, Colby reassesses the patient's mental status and vital signs every 15 minutes.

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# Case Study Conclusion

At the hospital, the patient is diagnosed and treated for alcohol withdrawal. He is then admitted to an in-patient psychiatric facility for completion of an alcohol treatment program.

# Lesson Summary

- A behavioral emergency occurs when a person exhibits behavior that is not socially tolerable.
- Behavioral emergencies may result from a psychiatric disorder or from a medical or traumatic condition.
- Behavioral emergencies can place EMTs at risk.

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# Lesson Summary

- Physical restraint is only used when the patient is a threat to himself or others.
- Behavioral emergencies can involve legal issues of consent and refusal of consent.