




Emergency Medical Responder

# PSYCHOLOGICAL EMERGENCIES



## Behavioral Emergencies

A behavioural emergency is a situation in which the patient exhibits abnormal behaviour that is unacceptable or intolerable to the patient, family, or community.





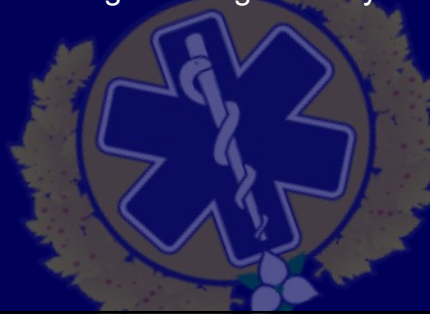
### Several factors can change a patient's behaviour

- 1) Senile dementia in older adults
- 2) Situational stresses
- 3) Illness or injury
- 4) Mind-altering substances
- 5) Psychiatric problems such as phobias
- 6) Psychological crises like panic



### To determine if a patient may become violent

- 1) During scene assessment, look around carefully
- 2) Ask family members, friends, or bystanders if patient has a history of being aggressive
- 3) Expect violence if a patient is standing or sitting in a way that threatens anyone
- 4) Listen to the patient





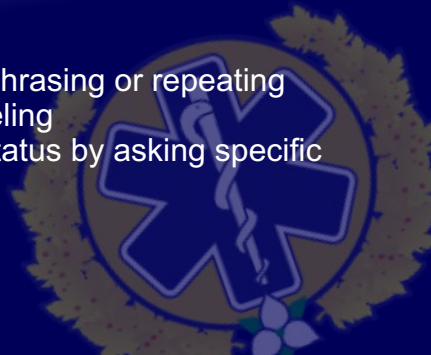
### Signs of Possible Violence in a Patient

- 1) Moving towards you
- 2) Carrying a threatening or heavy object
- 3) Making quick or irregular movements
- 4) Muscle tension



### Keep in mind the following when dealing with a behavioural emergency

- 1) Identify yourself
- 2) Keep the patient informed
- 3) Use a calm, reassuring voice
- 4) Do not be judgmental
- 5) Show you are listening by rephrasing or repeating
- 6) Acknowledge the patient's feeling
- 7) Assess the patient's mental status by asking specific questions






### Calming a Patient with a Behavioural Emergency

- 1) Acknowledge the patient seems upset
- 2) Keep patient informed
- 3) Use a calm, reassuring voice
- 4) Maintain comfortable distance between you and your patient
- 5) Encourage the patient to tell you what is troubling him/her
- 6) Never assume communication with patient is impossible until you've tried
- 7) Do not make quick movements



### Calming a Patient with a Behavioural Emergency (cont'd)



- 8) Respond honestly to questions
- 9) Never threaten, challenge, belittle, or argue with disturbed patients
- 10) Always tell the truth
- 11) Do not play along with a patient's visual or auditory disturbances
- 12) Try to involve patient's family or friends
- 13) Be prepared to stay on-scene for a long time
- 14) Avoid unnecessary physical contact
- 15) Maintain good eye contact with patient



### Restraints

Reasonable force depends on:

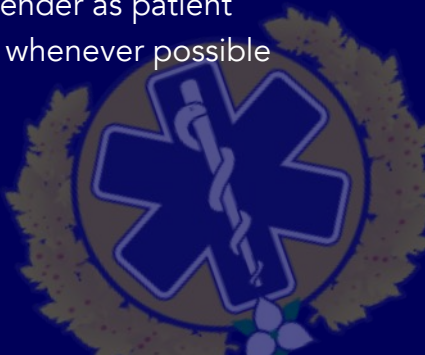
- 1) Size and strength of patient
- 2) Type of abnormal behaviour patient is exhibiting
- 3) Mental state of patient
- 4) Method of restraint used



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Protect Yourself Against Allegations of Excessive Force

- 1) Involve other EMS providers who can testify there was no misconduct
- 2) Use EMS provider of same gender as patient
- 3) Involve third party witnesses whenever possible





Unless the patient is considered legally incompetent he or she must provide consent before you can initiate treatment.

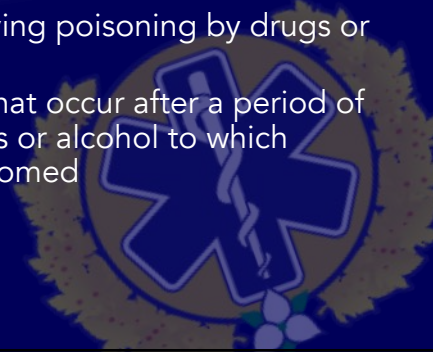


### Drug and Alcohol Emergencies

Drug Abuse - Self administration of one or more drugs not in accordance with approved medical or social practice

Overdose - Emergency involving poisoning by drugs or alcohol

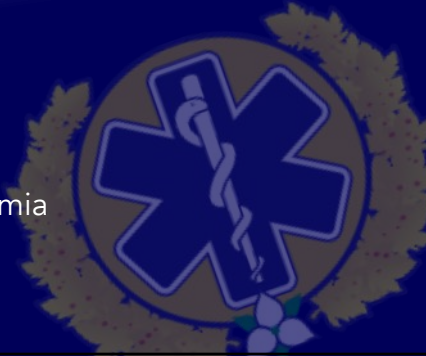
Withdrawal - Effects on body that occur after a period of abstinence from the drugs or alcohol to which the body has become accustomed





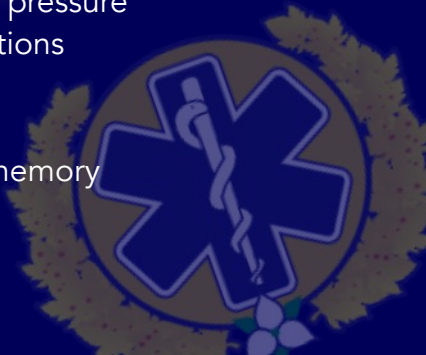
Major medical problems that can result from a drug or alcohol overdose or from sudden withdrawal

- 1) Respiratory problems
- 2) Internal injuries
- 3) Seizures
- 4) Cardiac arrest
- 5) Hypothermia and Hyperthermia



Drug and Alcohol Emergencies:  
Other Signs and Symptoms

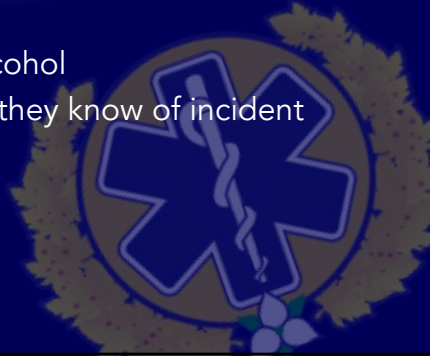
- 1) Altered mental status
- 2) Extremely low or high blood pressure
- 3) Sweating, tremors, hallucinations
- 4) Digestive problems
- 5) Visual disturbances
- 6) Lack of interest and loss of memory
- 7) Combativeness
- 8) Paranoia





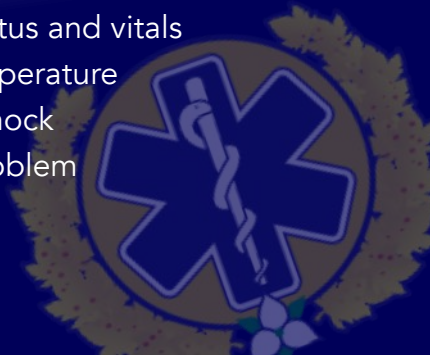
If patient is unconscious and you suspect a drug or alcohol emergency...

- 1) With a gloved hand, check patient's mouth for partially dissolved pills or tablets
- 2) Smell patient's breath for alcohol
- 3) Ask family and friends what they know of incident



General emergency care after taking BSI precautions

- 1) Establish and maintain open airway
- 2) Monitor patient's mental status and vitals
- 3) Maintain patient's body temperature
- 4) Take measures to prevent shock
- 5) Care for any behavioural problem
- 6) Support the patient







# Naloxone

- An opioid antagonist used to counter the effects of opioid overdose.
- A temporary drug that lasts approx. 20-90 minutes
- Injectable format or Intranasal



## How to identify an opioid overdose:

### Look for these common signs:

- The person won't wake up even if you shake them or say their name
- Breathing slows or even stops
- Lips and fingernails turn blue or gray
- Skin gets pale, clammy

## In case of overdose:

### 1 Call 911 and give naloxone

If no reaction in 3 minutes, give second naloxone dose

### 2 Do rescue breathing or chest compressions

Follow 911 dispatcher instructions

### 3 After naloxone

Stay with person for at least 3 hours or until help arrives

## How to give naloxone:

There are 3 ways to give naloxone. Follow the instructions for the type you have.

### Nasal spray naloxone

- 1 Take off yellow caps.
- 2 Screw on white cone.
- 3 Take purple cap off capsule of naloxone.
- 4 Gently screw capsule of naloxone into barrel of syringe.
- 5 Insert white cone into nostril; give a short, strong push on end of capsule to spray naloxone into nose: **ONE HALF OF THE CAPSULE INTO EACH NOSTRIL.**
- 6 If no reaction in 3 minutes, give second dose.

### Injectable naloxone

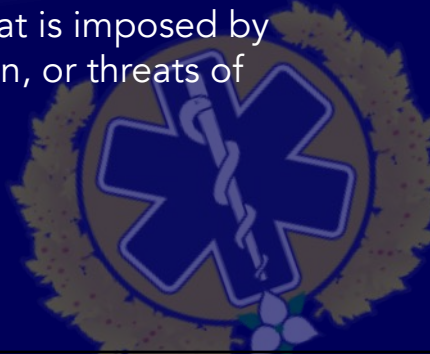
- 1 Remove cap from naloxone vial and uncover the needle.
- 2 Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.
- 3 Inject 1 ml of naloxone into an upper arm or thigh muscle.
- 4 If no reaction in 3 minutes, give second dose.

### Auto-injector

The naloxone auto-injector is FDA approved for use by anyone in the community. It contains a speaker that provides instructions to inject naloxone into the outer thigh, through clothing if needed.

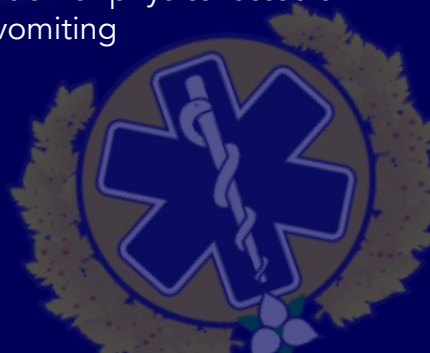


Sexual Assault – is defined as any threatened or actual sexual contact that the victim did not initiate or agree to and that is imposed by coercion, threat, deception, or threats of physical violence.



### Common Physical Reactions to Rape

- 1) Struggling or screaming to avoid penetration
- 2) Physical or psychological paralysis
- 3) Pain and shock from penetration or physical assault
- 4) Choking, gagging, nausea, vomiting
- 5) Urinating
- 6) Hyperventilating
- 7) Dazed state, unconscious





### Four General Stages of Rape Trauma Syndrome

- 1) Acute (impact ) reaction
- 2) Outward adjustment
- 3) Depression
- 4) Acceptance and resolution



### Managing the Rape Scene

- 1) Be sure EMS has been activated
- 2) Do not impose your own feelings
- 3) Action can minimize the helplessness the patient may be feeling
- 4) Patient may be comforted by a rescuer of the same gender
- 5) Perform patient assessment as normal
- 6) Do not clean the patient
- 7) Once you have cared for patient's injuries, check scene for evidence

