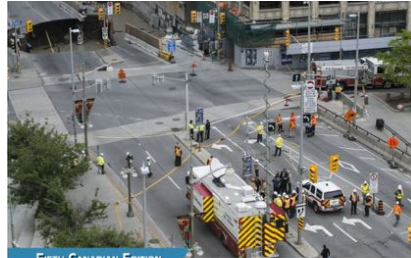


# Emergency Medical Responder: A Skills Approach

Fifth Canadian Edition



FIFTH CANADIAN EDITION

## EMERGENCY MEDICAL RESPONDER

A SKILLS APPROACH

MEETS PARAMEDIC ASSOCIATION OF CANADA'S  
NATIONAL OCCUPATIONAL COMPETENCY PROFILE



DANIEL LIMMER • EDWARD T. DICKINSON  
JOHN MACKAY • MICHELLE MACKAY



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## Chapter 18

Psychological Emergencies  
and Crisis Intervention

### Objectives (1 of 3)

- Explain the rationale for modifying your behaviour toward the patient in a behavioural emergency.
- List five ways to calm a patient in a behavioural emergency.
- Discuss the guidelines for patient restraint.
- Describe the legal considerations involved in providing emergency care to a patient in a behavioural emergency.



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## Objectives (2 of 3)

- Identify five signs and symptoms of drug or alcohol overdose or withdrawal and six signs and symptoms of a drug or alcohol emergency.
- Outline the steps of emergency care for a patient suffering from a drug or alcohol overdose.
- Discuss the four general stages of rape trauma syndrome.
- Describe the proper management of a rape scene.

## Objectives (3 of 3)

- Demonstrate a caring attitude toward the patient and family when dealing with behavioural emergencies, while giving priority to the interests of the patient.

## Behavioural Emergency

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

- Senile dementia in older adults
- Situational stresses
- Illness or injury
- Mind-altering substances
- Psychiatric problems such as phobias
- Psychological crises like panic

## To Determine If a Patient May Become Violent

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

## Signs of Possible Violence in a Patient

- Moving towards you
- Carrying a threatening or heavy object
- Making quick or irregular movements
- Muscle tension

## Dealing with a Behavioural Emergency

- Identify yourself
- Keep the patient informed
- Use a calm, reassuring voice
- Do not be judgmental
- Show you are listening by rephrasing/repeating
- Acknowledge the patient's feelings
- Assess the patient's mental status by asking specific questions

## Calming a Patient (1 of 3)

- Acknowledge the patient seems upset
- Keep patient informed
- Use a calm, reassuring voice
- Maintain comfortable distance between you and your patient
- Encourage the patient to tell you what is troubling him/her

## Calming a Patient (2 of 3)

- Never assume communication with patient is impossible until you've tried
- Do not make quick movements
- Respond honestly to questions
- Never threaten, challenge, belittle, or argue with disturbed patients
- Always tell the truth

## Calming a Patient (3 of 3)

- Do not play along with a patient's visual or auditory disturbances
- Try to involve patient's family or friends
- Be prepared to stay on-scene for a long time
- Avoid unnecessary physical contact
- Maintain good eye contact with patient

## Restraining Patients

### Reasonable force depends on:

- Size and strength of patient
- Type of abnormal behaviour patient is exhibiting
- Mental state of patient
- Method of restraint used

## Protect Yourself Against Allegations of Excessive Force

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

## Legal Consideration

**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



## Medical Problems of Overdose or Sudden Withdrawal

- Respiratory problems
- Internal injuries
- Seizures
- Cardiac arrest
- Hypothermia and Hyperthermia

## Signs and Symptoms Drug and Alcohol Emergencies: (1 of 3)

- Altered mental status
- Extremely low or high blood pressure
- Sweating, tremors, hallucinations
- Digestive problems

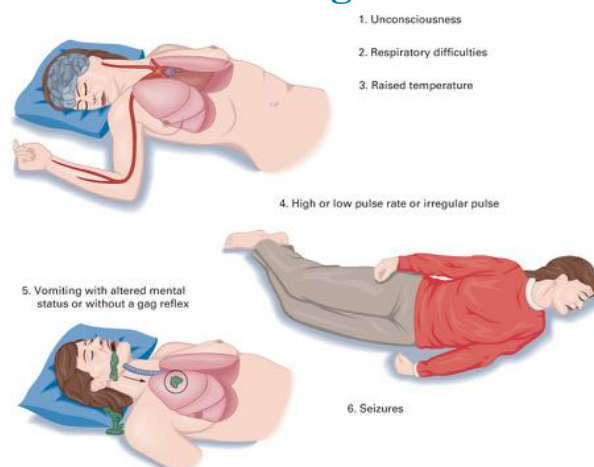
## Signs and Symptoms

### Drug and Alcohol Emergencies: (2 of 3)

- Visual disturbances
- Lack of interest and loss of memory
- Combativeness
- Paranoia

## Signs and Symptoms

### Drug and Alcohol Emergencies: (3 of 3)



**Figure 18-8** Indicators of a drug or alcohol emergency.

## Unconscious Patient

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

## General Emergency Care After Taking BSI Precautions

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

## Sexual Assault

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

- Struggling or screaming to avoid penetration
- Physical or psychological paralysis
- Pain and shock from penetration or physical assault
- Choking, gagging, nausea, vomiting
- Urinating
- Hyperventilating
- Dazed state, unconscious

## Four General Stages of Rape Trauma Syndrome

- Acute (impact ) reaction
- Outward adjustment
- Depression
- Acceptance and resolution

## Managing the Rape Scene (1 of 2)

- Be sure EMS has been activated
- Do not impose your own feelings
- Action can minimize the helplessness the patient may be feeling
- Patient may be comforted by a rescuer of the same gender

## Managing the Rape Scene (2 of 2)

- Perform patient assessment as normal
- Do not clean the patient
- Once you have cared for patient's injuries, check scene for evidence