

Behavioral Emergencies

Behavioral Emergency- a situation in which a patient acts abnormally in a way that is unacceptable or intolerable to the patient, family, or the community.

Physical Causes:

- Excessive Heat
- Excessive Cold
- Head Injuries
- Stroke
- Alcohol or Drug use
- High or Low Blood glucose levels
- Neurological disease

Psychogenic Causes:

- Paranoia- a patient may believe that people are plotting to harm them
- Depression- a mood disorder characterized by hopelessness and helplessness
- Suicide- the intentional taking of one's own life
- Mania- mood disorder characterized by great excitement and activity
- Schizophrenia- a group of mental disorders characterized by disturbances in thought, mood, and overall behavior

Assessment of Behavioral Emergencies:

Scene safety

- Evaluate the scene for possible dangers
- Evaluate the scene for evidence of what may have happened

Assessment

- Perform primary and secondary survey
- Gather information based on:
 - Observation of the patient
 - Statements made by the patient
 - Information from family members or bystanders
 - Information from First Responders
 - Information from patient interview

Interviewing techniques

- The interview is the most important part of assessing the behavioral patient
- Gather only information that is critical to pre-hospital management and transportation

Guidelines for interviewing

- Remove patient from crisis situation
- Be honest, reasonable, and firm
- **DO NOT** agree or disagree if patient distorts reality
- Encourage the patient to sit down and relax
- Ask the patient to speak in his or her own words
- Interrupt the patient as little as possible
- Do not be afraid of long periods of silence
- Do not interrupt displays of emotion
- Encourage the patient to relate his/her story
- Structure the interview if the patient is disorganized
- Do not argue with the patient
- Avoid closed ended questions
- Position yourself as not to intimidate the patient
- Do not shout at the patient
- Do not touch the patient without his/her permission
- Do not judge the patient's actions or statements
- Do not be dishonest
- Do not place yourself between the patient and the door

Management of Behavioral Emergencies

- The EMT's attitude is the single most important factor when dealing with a disturbed patient

Guidelines for management of behavioral emergency patients

- Remember your safety comes first
- Treat all life threatening emergencies first
- Take command of the situation
- Accept the patients feelings
- Display a calm, reassuring attitude try and relax the patient
- Have unnecessary persons removed from the scene
- Have family members provide support for the patient
- Explain all procedures to the patient

Restraining the patient

- Always try and transport the disturbed patient without restraints
- Restrain the patient if you believe they will injure themselves or others
- Contact medical control and have police on scene before restraining the patient
- Once you decide to restrain the patient, carry it out quickly
- Document why the patient was restrained
- Document all procedures used for restraining
- Never restrain a patient on his/her side