

Chapter 20

Psychiatric Emergencies

Unit Summary

After students complete this chapter and the related course work, they will be able to recognize behaviors that pose a risk to the EMT, patient, or others and the basic principles of the mental health system. Additionally, students will have the knowledge and skills to successfully assess and manage patients suffering from a psychiatric emergency within the legal parameters of their scope of practice.

National EMS Education Standard Competencies

Medicine

Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.

Psychiatric

ÉRecognition of:

ÉBehaviors that pose a risk to the EMT, patient, or others (pp 704, 706-710)

ÉBasic principles of the mental health system (pp 702-703)

ÉAssessment and management of:

ÉAcute psychosis (p 708)

ÉSuicidal/risk (pp 708-709)

ÉAgitated delirium (pp 709-710)

Knowledge Objectives

1. Discuss the myths and realities concerning psychiatric emergencies. (p 701)
2. Discuss general factors that can cause alteration in a patient's behavior. (p 701)
3. Define a behavioral crisis. (p 702)
4. Understand the magnitude of mental health problems in society. (pp 702-703)
5. Understand the main principles of how the mental health system functions. (pp 702-703)
6. Describe the two basic categories of diagnosis that a physician will use. (p 703)
7. Discuss special considerations for assessing and managing a behavioral crisis or psychiatric emergency. (pp 703-708)
8. Define acute psychosis. (p 708)
9. Define schizophrenia. (p 708)
10. Describe the care for a psychotic patient. (p 708)
11. Explain how to recognize the behavior of a patient at risk of suicide, and discuss the management of such a patient. (pp 708-709)

12. Define agitated delirium and describe the care for a patient with agitated delirium. (pp 709-710)
13. Discuss the medical and legal aspects of managing a psychiatric emergency. (pp 710-712)
14. Describe methods used to restrain patients. (pp 712-713)
15. Explain the safe management of a potentially violent patient. (pp 713-714)

Skills Objectives

1. Demonstrate the techniques used to mechanically restrain a patient. (pp 712-713)

Lecture

I. Introduction

A. EMTs often deal with patients undergoing a psychological or behavioral crisis.

1. The crisis might be the result of:
 - a. The emergency situation
 - b. Mental illness
 - c. Mind-altering substances
 - d. Stress
 - e. Many other causes

II. Myth and Reality

A. We all develop some symptoms of mental illness at some point in life.

1. This does not mean that everyone develops mental illness.
2. Perfectly healthy people may have some symptoms and signs of mental illness from time to time.
3. Do not jump to conclusions concerning yourself or your patient.

B. The most common misconception about mental illness is that if you are feeling “bad” or “depressed,” you must be “sick.”

1. There are many justifiable reasons for feeling depressed, such as:
 - a. Divorce
 - b. Loss of a job
 - c. Death of a relative or friend

C. Many people believe that all individuals with mental health disorders are dangerous, violent, or otherwise unmanageable.

1. Only a small percentage of people with mental health problems fall into these categories.
2. As an EMT, however, you may be exposed to a higher proportion of violent patients.
3. Although you cannot determine what has caused a person's crisis, you may be able to predict whether the person will become violent.

III. Defining a Behavioral Crisis

A. Behavior is what you can see of a person's response to the environment: his or her actions.

1. Most of the time, people respond to the environment in reasonable ways.
2. There are times, however, when stress is so great that the normal ways of adjusting do not work.
 - a. A person's behavior is likely to change, even if only temporarily.
 - b. The new behavior may not be appropriate, or "normal."

B. A behavioral crisis is any reaction to events that interferes with the activities of daily living or has become unacceptable to the patient, family, or community.

1. If the interruption of daily routine tends to recur on a regular basis, the behavior is also considered a mental health problem.
2. It is then a pattern, rather than an isolated incident.

C. Usually, if an abnormal or disturbing pattern of behavior lasts for at least a month, it is a matter of concern.

1. Chronic depression, a persistent feeling of sadness and despair, may be a symptom of a mental or physical disorder.

D. When a psychiatric emergency arises, the patient:

1. May show agitation or violence
2. May become a threat to self or others

E. Disruption can take many forms; not all involve violence, nor are they all psychiatric emergencies.

IV. The Magnitude of Mental Health Problems

A. According to the National Institute of Mental Health, at one time or another, one in five Americans has some type of psychiatric disorder.

1. A psychiatric disorder is an illness with psychological or behavioral symptoms that may result in impaired functioning.

B. The US mental health system provides many levels of assistance to people with psychological problems.

1. Professional counselors are available for marital conflict and parenting issues.
2. More serious issues such as clinical depression are often handled by a psychologist.
3. Some of the most severe psychological conditions, like schizophrenia and bipolar disorder, require psychiatrists.
4. Most problems can be handled through outpatient visits.
5. Some people require hospitalization in specialized psychiatric units.

V. Pathology

A. An EMT is not responsible for diagnosing the underlying cause of a behavioral crisis or psychiatric emergency.

1. You should know the two basic categories of diagnosis a physician will use: organic (physical) and functional (psychological).

B. Organic

1. Organic brain syndrome is a temporary or permanent dysfunction of the brain caused by a disturbance in the physical or physiologic functioning of the brain tissue.
 - a. Causes include:
 - i. Sudden illness
 - ii. Recent trauma to the head
 - iii. Seizure disorders
 - iv. Drug and alcohol intoxication, overdose, or withdrawal
 - v. Diseases of the brain, such as Alzheimer disease and meningitis
2. Altered mental status can arise from:
 - a. Low level of blood glucose
 - b. Lack of oxygen
 - c. Inadequate blood flow to the brain
 - d. Excessive heat or cold

C. Functional

1. A functional disorder is one in which the abnormal operation of an organ cannot be traced to an obvious change in the actual structure or physiology of the organ or organ system.
2. Examples include schizophrenia, anxiety conditions, and depression.
 - a. There may be a chemical or physical cause, but it is not obvious or well understood.

VI. Safe Approach to a Behavioral Crisis

A. All regular EMT skills are used in a behavioral crisis.

1. However, other management techniques come into play.
2. Follow the general guidelines listed in Table 20-1 to ensure your safety at the scene of a behavioral crisis or psychiatric emergency.
 - a. Be prepared to spend extra time.
 - b. Have a definite plan of action.
 - c. Identify yourself calmly.
 - d. Be direct.
 - e. Assess the scene.
 - f. Stay with the patient.
 - g. Encourage purposeful movement.
 - h. Express interest in the patient's story.
 - i. Do not get too close to the patient.
 - j. Avoid fighting with the patient.
 - k. Be honest and reassuring.
 - l. Do not judge.

VII. Patient Assessment

A. Scene size-up

1. Scene safety
 - a. Consider the scene safety and the patient's response to the environment.

- i. Is the situation unduly dangerous to you and your partner?
 - ii. Do you need immediate law enforcement backup?
 - iii. Does the patient's behavior seem typical or normal for the circumstances?
 - iv. Are there legal issues involved?
2. Mechanism of injury/nature of illness
 - a. Determine the mechanism of injury and/or the nature of illness.

B. Primary assessment

1. Form a general impression.
 - a. Begin your assessment from the doorway or from a distance.
 - i. How does the patient appear?
 - ii. Begin with an introduction of who you are, and let the patient know that you are there to help.
 - b. Perform a rapid scan.
 - c. Observe the patient closely.
 - i. Use the AVPU scale to check for alertness.
 - d. Establish a rapport with the patient.
 - e. The focus of the primary assessment is assessing and treating life threats.
2. Airway and breathing
 - a. If your patient is in physical distress, assess the airway to make sure it is patent and adequate.
 - b. Evaluate the patient's breathing.
 - c. Provide the appropriate interventions based on your assessment findings.
3. Circulation
 - a. Assess the pulse rate, quality, and rhythm.
 - b. Obtain the systolic and diastolic blood pressures when possible.
 - c. Evaluate for the presence of shock and bleeding.
 - d. Assess the patient's perfusion by evaluating skin color, temperature, and condition.
4. Transport decision
 - a. Unless your patient is unstable from a medical problem or trauma, prepare to spend time at the scene with your patient.
 - b. Depending on your local protocol, there may be a specific facility to which patients with mental problems are transported.

C. History taking

1. Investigate the chief complaint.
 - a. Consider three major areas as possible contributors:
 - i. Is the patient's central nervous system functioning properly?
 - ii. Are hallucinogens or alcohol a factor?
 - iii. Are psychogenic circumstances, symptoms, or illness (caused by mental rather than physical factors) involved?
2. SAMPLE history
 - a. You may be able to elicit information not available to the hospital staff.
 - i. Ask about previous episodes, treatments, hospitalizations, and medications related to behavioral problems.
 - b. In geriatric patients, consider Alzheimer disease and dementia as possible causes of abnormal behavior.
 - i. It is essential to obtain information from relatives, friends, or extended care facility staff.
 - c. Your assessment of the situation has two primary goals:

- i. Recognizing major life threats
 - ii. Reducing the stress of the situation as much as possible
- d. Use reflective listening, a technique used by mental health professionals, to gain insight into a patient's thinking.
 - i. Repeat, in question form, what the patient has said.
 - ii. This encourages the patient to expand on the thoughts.

D. Secondary assessment

1. Physical examinations
 - a. In an unconscious patient, begin with a full-body scan to look for a reason for the unresponsiveness.
 - i. When examining a patient with a behavioral emergency, remember to check for track marks indicating drug abuse and for signs of self-mutilation.
 - b. Avoid touching the patient without permission.
 - c. A conscious patient may not respond at all to your questions.
 - d. You can tell a lot about a patient's emotional state from:
 - i. Facial expressions
 - ii. Pulse rate
 - iii. Respirations
2. Vital signs
 - a. Obtain vital signs when doing so will not exacerbate the patient's emotional distress.
 - b. Make every effort to assess blood pressure, pulse, respirations, skin, and pupils.
 - c. Monitoring devices may be used when they will not exacerbate the patient's distress.
 - i. Assess the patient's first blood pressure with a sphygmomanometer and a stethoscope.
 - ii. A pulse oximetry device can be used to assess the patient's perfusion status.

E. Reassessment

1. Never let your guard down.
 - a. Many patients experiencing a behavioral crisis will act spontaneously.
 - b. Be prepared to intervene quickly.
2. If restraints are necessary, reassess and document the patient's respirations, as well as pulse and motor and sensory function in all restrained extremities, every 5 minutes.
 - a. When available, have additional personnel accompany you in the back of the ambulance during transport.
3. Interventions
 - a. Your heart may go out to the emotionally distressed patient.
 - b. There is often little you can do, however, during the short time you will be treating the patient.
 - c. Your job is to:
 - i. Diffuse and control the situation.
 - ii. Safely transport the patient to the hospital.
 - d. Intervene only as much as it takes to accomplish these tasks.
4. Communication and documentation
 - a. Try to give the receiving hospital advance warning that a patient experiencing a psychiatric emergency is arriving.
 - i. Many hospitals require extra preparation to ensure that appropriate staff and rooms are available.
 - ii. Report whether restraints will be required when the patient arrives at the hospital.
 - b. Document thoroughly and carefully.
 - i. Yours may be the only documentation about the patient's distress.

- ii. Psychiatric emergencies are fraught with legal dangers.
- iii. If restraints are used, say what types and why they were used.

VIII. Acute Psychosis

A. Psychosis is a state of delusion in which the person is out of touch with reality.

1. Affected people live in their own reality of ideas and feelings.
2. Causes of psychosis include:
 - a. Mind-altering substances
 - b. Intense stress
 - c. Delusional disorders
 - d. Schizophrenia
3. Some episodes last for brief periods; others last a lifetime.

B. Schizophrenia

1. Schizophrenia is a complex disorder that is not easily defined or easily treated.
2. The typical onset occurs during early adulthood, with symptoms becoming more prominent over time.
3. Influences thought to contribute to the disorder include:
 - a. Brain damage
 - b. Genetics
 - c. Psychological and social influences
4. Persons with schizophrenia experience symptoms including:
 - a. Delusions
 - b. Hallucinations
 - c. A lack of interest in pleasure
 - d. Erratic speech
5. Guidelines for dealing with a psychotic patient:
 - a. Determine if the situation is dangerous.
 - b. Identify yourself clearly.
 - c. Be calm, direct, and straightforward.
 - d. Maintain an emotional distance.
 - e. Do not argue.
 - f. Explain what you would like to do.
 - g. Involve people the patient trusts, such as family or friends, to gain patient cooperation.

IX. Suicide

A. Depression is the most significant factor that contributes to suicide.

B. It is a common misconception that people who threaten suicide never commit it.

1. Suicide is a cry for help.
2. Threatening suicide is an indication that someone is in a crisis that he or she cannot handle alone.
3. Immediate intervention is necessary.

C. Be alert to these warning signs:

1. Does the patient have an air of tearfulness, sadness, deep despair, or hopelessness that suggests depression?
2. Does the patient avoid eye contact, speak slowly or haltingly, and project a sense of vacancy?
3. Does the patient seem unable to talk about the future?
4. Is there any suggestion of suicide?
5. Does the patient have any specific plans relating to death?

D. Consider also the following additional risk factors for suicide:

1. Are there any unsafe objects in the patient's hands or nearby?
2. Is the environment unsafe?
3. Is there evidence of self-destructive behavior?
4. Is there an imminent threat to the patient or others?
5. Is there an underlying medical problem?
6. Are there cultural or religious beliefs promoting suicide?
7. Has there been trauma?

E. Remember, a suicidal patient may be homicidal as well.

1. If you believe you are in danger, obtain police intervention.
2. The most important service you can provide for a suicidal patient is compassionate transport to a medical facility where the patient can receive proper treatment.

X. Agitated Delirium

A. Delirium is a condition of impairment in cognitive function that can present with disorientation, hallucinations, or delusions.

1. Agitation is characterized by restless and irregular physical activity.
2. Although patients experiencing delirium are generally not dangerous, if they exhibit agitated behavior, they may strike out irrationally.
3. In such cases, your personal safety must be considered.
4. Symptoms may include:
 - a. Hyperactive irrational behavior
 - b. Inattentiveness
 - c. Vivid hallucinations
 - d. Hypertension
 - e. Tachycardia
 - f. Diaphoresis
 - g. Dilated pupils

B. If you think you can safely approach the patient, be calm, supportive, and empathetic.

1. Be an active listener by:
 - a. Nodding
 - b. Indicating understanding
 - c. Limiting your interruptions of the patient's comments
2. Approach the patient slowly and purposefully, and respect the patient's territory.
3. Limit physical contact as much as possible.

4. Do not leave the patient unattended.

C. Use careful interviewing to assess the patient's cognitive functioning.

1. Try to indirectly determine the patient's:
 - a. Orientation
 - b. Memory
 - c. Concentration
 - d. Judgment
2. Pay particular attention to the patient's ability to communicate clearly, and make notes on the patient's apparent mood.
3. Pay attention to the patient's appearance, dress, and personal hygiene.

D. If you determine the patient requires restraint because he or she is a threat to himself or herself or to others, make sure you have adequate, well-trained personnel available to help you before approaching the patient.

E. If the patient appears to be experiencing an overdose, take all medication bottles or illegal substances with you to the medical facility.

1. The patient should be transported to a hospital with psychiatric facilities.
2. Whenever possible, refrain from using lights and sirens.

XI. Medicolegal Considerations

A. The medicolegal considerations are more complicated with a patient undergoing a behavioral crisis or psychiatric emergency.

1. Legal problems are reduced when the patient consents to care.
2. Gaining the patient's confidence is crucial.

B. Once you have determined that a patient has impaired mental capacity, you must decide whether he or she requires immediate emergency medical care.

1. A patient in a mentally unstable condition may resist your attempt to provide care.
2. Do not leave the patient alone.
3. Doing so may result in harm to the patient and expose you to civil action for abandonment or negligence.
4. Request law enforcement personnel to handle the patient.

C. Consent

1. Implied consent is assumed with a patient who is not mentally competent to grant consent.
2. Consent matters are not always clear-cut in psychiatric emergencies.
 - a. If you are not sure, you should request the assistance of law enforcement personnel.

D. Limited legal authority

1. The EMT has limited legal authority to require or force a patient to undergo emergency medical care when no life-threatening emergency exists.
 - a. You should be familiar with your local and state laws regarding these situations.
2. A competent adult has the right to refuse treatment, even if lifesaving care is involved.
3. In psychiatric cases, however, a court of law would probably consider your actions in providing lifesaving care to be appropriate.

- a. A patient who is in any way impaired may not be considered competent to refuse treatment or transportation.
- b. Always maintain a pessimistic attitude toward your patient's condition—assume the worst and hope for the best.
- c. Err on the side of treatment and transport.

XII. Restraint

A. Ordinarily, restraint of a person must be ordered by a physician, a court, or a law enforcement officer.

1. If you restrain a person without authority in a nonemergency situation, you expose yourself to a possible lawsuit and to personal danger.
2. Legal actions against you can involve charges of:
 - a. Assault
 - b. Battery
 - c. False imprisonment
 - d. Violation of civil rights
3. You may use restraints only to protect yourself or others from bodily harm or to prevent the patient from causing injury to himself or herself.
4. You may use only reasonable force as necessary to control the patient.
5. Always consult medical control and contact law enforcement personnel for help before restraining a patient.
 - a. Law enforcement personnel will:
 - i. Provide physical backup in managing the patient
 - ii. Serve as the necessary witness and legal authority
6. Always try to transport a disturbed patient without restraints if possible.
 - a. Be aware of standard precautions.
 - b. If the patient is spitting, place a surgical mask over his or her mouth.
7. At least four people should be present to carry out the restraint, each being responsible for one extremity.
 - a. Discuss the plan of action.
 - b. Stay outside the patient's range of motion.

B. In subduing a disturbed patient, use the minimum force necessary.

1. Avoid acts of physical force that may cause injury to the patient.
2. The level of force will vary, depending on the following factors:
 - a. The degree of force that is necessary to keep the patient from injuring himself, herself, and others
 - b. A patient's sex, size, strength, and mental status, including the possibility of drug-induced states
 - c. The type of abnormal behavior the patient is exhibiting
3. Secure the patient's extremities with approved equipment.
4. Treat the patient with dignity and respect at all times.
5. Monitor the patient for vomiting, airway obstruction, and cardiovascular stability.
6. Never place your patient facedown.
7. Document the reason for restraint and the technique that was used.

XIII. The Potentially Violent Patient

A. Violent patients make up only a small percentage of behavioral or psychiatric patients.

1. However, the potential for violence should always be an important consideration for you as an EMT.

B. Assess the level of danger based on the following risk factors:

1. History
 - a. Has the patient previously exhibited hostile, overly aggressive, or violent behavior?
2. Posture
 - a. How is the patient sitting or standing?
 - b. Is the patient tense, rigid, or sitting on the edge of his or her seat?
3. The scene
 - a. Is the patient holding or near potentially lethal objects such as a knife, gun, glass, poker, or bat?
4. Vocal activity
 - a. What kind of speech is the patient using?
 - b. Loud, obscene, erratic, and bizarre speech patterns usually indicate emotional distress.
5. Physical activity
 - a. The motor activity of a person undergoing a psychiatric crisis may be the most telling factor of all.
 - b. A patient requiring careful watching is one who:
 - i. Has tense muscles, clenched fists, or glaring eyes
 - ii. Is pacing
 - iii. Cannot sit still
 - iv. Is fiercely protecting personal space

C. Other factors to consider include the following:

1. Poor impulse control
2. A history of truancy, fighting, and uncontrollable temper
3. Tattoos, especially those with gang identification, prison tattoos, or statements such as "Born to Kill" or "Born to Lose"
4. Substance abuse
5. Depression, which accounts for 20% of violent attacks
6. Functional disorder

XIV. Summary

- A. A behavioral crisis is any reaction to events that interferes with the activities of daily living or has become unacceptable to the patient, family, or community.**
- B. During a psychiatric emergency, a patient may show agitation or violence or become a threat to himself, herself, or others. This is more serious than the more typical behavioral crisis that causes inappropriate behavior such as interference with activities of daily living or bizarre behavior.**
- C. According to the National Institute of Mental Health, at one time or another, one in five Americans has some type of psychiatric disorder, an illness with psychological or behavioral symptoms that may result in impaired functioning.**
- D. Psychiatric disorders have many possible underlying causes including social or situational stress, psychiatric disorders, physical illnesses, chemical problems, or biologic disturbances.**

- E. Sometimes the underlying causes of psychiatric disorders can be compounded by noncompliance with prescribed medication regimens.**
- F. As an EMT, you are not responsible for diagnosing the underlying cause of a behavioral crisis or psychiatric emergency.**
- G. Your job is to diffuse and control the situation and safely transport your patient to the hospital. Intervene only as much as it takes to accomplish these tasks. Be caring and careful.**
- H. To the person experiencing a psychotic episode, the line between reality and fantasy is blurred.**
- I. The threat of suicide requires immediate intervention. Depression is the most significant risk factor for suicide.**
- J. Patients experiencing delirium are generally not dangerous, but if they exhibit agitated behavior, they may strike out irrationally. One of the most important factors to consider in these cases is your personal safety.**
- K. A patient in mentally unstable condition may resist your attempts to provide care. In such situations, request that law enforcement personnel handle the patient.**
- L. Violent or dangerous people must be taken into custody by the police before emergency care can be rendered.**
- M. Always consult medical control and contact law enforcement personnel for help before restraining a patient. If restraints are required, use the minimum force necessary. Assess the airway and circulation frequently while the patient is restrained.**

Post-Lecture

Unit Assessment

1. Everyone develops some symptoms of mental illness at some point in life. True or False?
2. Behavioral problems brought on by a dysfunction of the brain are known as _____.
3. List three examples of functional disorders.
4. What is your first priority when responding to a psychiatric emergency?
5. How do you assess the patient's mental status?
6. When is it acceptable to not obtain the patient's vital signs as part of the assessment?
7. What is the single most significant factor that contributes to suicide?
8. For what reason should extra care be used when documenting the use of restraints?
9. How many people, at a minimum, should be present when restraining a patient?
10. What risk factors should be used to assess the potential danger level of a violent patient?

Knowledge Objectives

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