Behavioral Emergencies

Signs and Symptoms

- General impression
  - Visibly agitated
  - Pacing
  - Clenched fists
  - Yelling
  - Glaring
- Mental status
  - Confused
  - Disoriented to person, place, time or events
  - Irrational or delusional, hallucinating

History

- Acute emotional crisis
- Expressed suicidal, homicidal or assaultive intentions
- Mind-altering substance use
- Medical alert tag
- Dementia or Alzheimer's disease
- Diagnosed psychological disorder, bipolar, schizophrenia, anxiety, depression
- Recent behavioral changes
- Trauma

Differential

- Hypoglycemia
- Head injury
- Hypoxia
- Hypotension
- Drug or alcohol intoxication
- Seizure/post ictal
- Infection
- Alcohol withdrawal syndrome

WARNINGS

- ! Physical and chemical restraint **should only be used** when other options have failed to prevent patient from harming themselves or others.
- ! **Do not restrain** in the prone position. Restrained/sedated patients require constant monitoring and frequent reassessment.
- ! **Do not give** Haloperidol (Haldol®) to a combative patient resulting from a head injury.

Care

B E I P

If safe to do so, follow General Directive #3 Orders for all Patients

Call for additional resources including law enforcement as appropriate.

Attempt verbal de-escalation.

Employ the SAFER approach:

Stabilize the situation by containing and lowering the stimuli.

Assess and acknowledge the crisis.

Facilitate the identification and activation of resources (chaplain, family, friends or law enforcement).

Encourage patient to use resources and take actions in his/her best interest.

Recovery or referral — leave patient in care of responsible person or professional or transport to appropriate facility.

B E I P

! ***Restraint for behavioral emergencies:***

Call for law enforcement immediately, law enforcement must be consulted when a patient is restrained for behavioral reasons.

Physical restraint is only considered when verbal de-escalation has failed.

If physical restraint is required apply only soft restraints. Only bow knots will be used to tie soft restraint tethers.

Law enforcement may accompany a handcuffed patient in the ambulance depending on the patient's condition.

If unable to escape a dagerous scene, EMS providers may utilize the minimum restraint necessary for self-defense until law enforcement arrives.

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If the patient is still violent and presents an ongoing hazard to themselves or others after being restrained administer **Midazolam** (**Versed**®) 4 mg IM or 2mg IV. Alternative **Haloperidol** (**Haldol**®) 5 mg IM.

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B E I P

Perform a physical exam as possible, including vital signs/temperature and blood glucose.

Pearls

- **Provider safety is paramount:** Providers must leave themselves an exit. Be aware of any possible weapons.
- If EMS providers believe they are in danger at any time they will leave the area for a safe location and will advise others on scene to do the same.
- When practical, do not allow the patient to be alone.
- Generally one provider should communicate with the patient. Use non-threatening language, tone of voice and posture.
- The potential for violence is greater if violence has already occurred, there is a mob mentality or alcohol/drugs have been used.
- Sedated patients must have supplemental oxygen applied and should be monitored with ECG, SPO_2, and $ETCO_2$.
- Consider the patient may also be a victim of abuse or neglect.
- Remain objective, keep your emotions in check; remember this is a patient not an adversary.
- Do not be complacent with behavioral patients as they may have co-existing medical problems.
- If possible have a female provider care for a female patient.
- Consider utilizing additional personnel so the AIC will not be alone with the patient during transport.
- Ask the suicidal patient direct questions about their intentions to hurt themselves or others, what plans they have, and if they have taken any actions to hurt themselves (injury/overdose).
- Severe agitation and struggling may lead to acidosis and/or elevated potassium levels. Consider sodium bicarbonate and fluid therapy for cardiac arrest in this scenario.

Performance indicators

- Verbal de-escalation attempted.
- Differentials/medical conditions addressed.
- Assessment or attempts at assessment.
- Document rationale for restraint or sedation and patient response.