Behavioral Emergencies

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Behavioral Emergency

A situation in which the patient exhibits abnormal behavior within a given situation that is unacceptable or intolerable to the patient, family, or community.
Just to refresh...

Causes of behavioral change that can cause an emergency situation can vary from; low blood sugar, lack of O2, head trauma, stroke, legal and illegal drugs, over exposure to heat or cold...
Psychological Crises...

of a patient maybe caused by a state of panic, agitation, bizarre thinking or behavior, mental disorders or exhibiting danger to self or others.
Behavioral Emergencies
Upon Arrival…

In assessing the scene of a behavioral emergency consider the patients; mental status, hygiene, orientation, speech, physical activity and posturing. Any harmful instruments. Gather any information pertaining to patients prior history, medications and actions leading up to the event from family and witnesses.
Upon Arrival…

- Size up scene carefully.
- Check for emergency exits.
- Identify yourself, your role.
- Inform patient what you are doing before you do it.
- Ask questions in a calm, reassuring voice.

Continued…
Upon Arrival…

- Do not rush and do what is best for Pt.
- Do not be judgmental.
- Acknowledge patient’s feelings.
- Show you are listening by rephrasing what is said.
- Treat patient with respect.
Emergency Care for Behavioral Emergencies

- Maintain a comfortable distance.
- Encourage patient to talk.
- Do not make quick moves.
- Respond honestly to questions.

Continued…
Emergency Care for Behavioral Emergencies

- Do not threaten, challenge, or argue.
- Do not play along with visual or auditory disturbances.
- Involve trusted family or friends.

Continued…
Emergency Care for Behavioral Emergencies

- Be prepared to spend time with patient.
- Avoid unnecessary physical contact.
- Use positive eye contact.
- Restrain ONLY if necessary.
Suicidal Behavior
In assessing the scene of an individual who may have suicidal ideation you must take into account the possible use of alcohol or drugs, notes pertaining to a plan, gathering of articles (guns, pills...) previous history, a display of self-destructive behavior or thoughts and if the patient is a threat to self or others.
Risk Factors to Consider

• Problems with school or the law
• Recent relationship breakup
• Major loss of loved one
• Stress to new situations new location, college or work
• Alcohol or drug abuse
• Previous history of attempted suicide
Suicide Facts

- For the age group of 15-24 year olds, suicide is the 3rd leading cause of death.
  - Studies show between 1980-2000:
    - 10-14 year olds suicide has increased 109%
    - 15-19 year olds suicide has increased 11%
    - 20-24 year olds suicide has remained the same

- Everyday 86 Americans take their life and 1500 attempt suicide.
Size-Up During Suicidal Behavior

- Any display of self-destructive behavior or thoughts?
- Illness or injury from previous attempts?
- How does the patient feel?
- Is patient a threat to self/others?
- Is there a medical problem?
Your Safety First

- Have an escape route.
- Never enter a scene alone.
- Be alert for weapons or potential weapons.
- Watch for sudden changes in behavior.
- Size up scene and your safety concerns.
- Utilize police department as needed.
- Perform patient assessment.
- Calm the patient.
- Do not leave patient alone.
- Restrain, if necessary.
- Transport.
Medical-Legal Implications

- Check your local protocol.
- Emotionally disturbed patients may refuse care.
- To provide care against patient’s wishes, patient must be harmful to self/others.

*Continued…*
Medical-Legal Implications

- If patient is a threat to self or others, may transport without consent
- May require medical direction
- Usually requires law enforcement
Use of Restraints

- Have adequate help.
- Plan ahead.
- Stay clear of patient until prepared.

Continued...
Use of Restraints

Once a decision is made, act quickly.

- Have one designated person talk the patient through the process.
- Secure patient with approved position/materials.
- Secure all 4 limbs.

Continued...
Use of Restraints

- Use reasonable force to prevent patient from injuring self and others.

- Avoid force that may injure patient.

Continued…
Use of Restraints

Reasonable force determined by:

- Patient’s size and strength
- Type of abnormal behavior
- Sex of patient
- Mental state of patient
- Method of restraint
Positional Asphyxia

Death of a restrained patient — possibly due to respiratory problems caused by being improperly restrained.
Preventing Positional Asphyxia

- Do not use hog-tie as a hobble restrain.
- Position patient face-up when possible.
- Monitor patient carefully & consistently while restrained.
Use of Restraints

- Reassess patient frequently.
- Document incident thoroughly.
  - Indications
  - Methods
  - Witnesses
**Sample Documentation**

<table>
<thead>
<tr>
<th>TIME</th>
<th>RESP</th>
<th>PULSE</th>
<th>B.P.</th>
<th>MENTAL STATUS</th>
<th>R PUPILS</th>
<th>L</th>
<th>SKIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>15</td>
<td></td>
<td>120</td>
<td>Alert</td>
<td>Normal</td>
<td>Unres.</td>
<td>Unremarkable</td>
</tr>
</tbody>
</table>

**PATIENT NAME:** Robert Lanctot  
**PATIENT AGE:** 38

**CHIEF COMPLAINT:** Threatening to injure self

**PAST MEDICAL HISTORY:**
- None
- Allergy to
- Hypertension
- Stroke
- Seizures
- Diabetes
- COPD
- Cardiac
- Other (List): Asthma
- Depression, marital problems

**Current Medications (List):** Unknown antidepressant

**NARRATIVE:** EMS requested to the scene by manager, who states the patient had a very sudden onset of disruptive behavior and threatened to injure himself with a knife. The patient appears very agitated when approached by police officers. According to a coworker, patient is on an unknown antidepressant and had a recent break up with his wife. After being calmed by police, patient consents to transportation for evaluation. Patient is cooperative and denies taking an overdose of his medication or any other injury.
Discussion