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# Behavioral Emergencies



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Emergency Medical Response

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# Altered Mental Status

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## Lesson 27: Behavioral Emergencies

# You Are the Emergency Medical Responder

*Your fire rescue unit responds to a local mall concerning a man who is threatening violence to anyone who comes near him. When you arrive, police and security guards have the man in protective custody and are trying to calm him down. As you begin interviewing the man and take a history, his mood abruptly swings to one of remorse and sadness. The smell of alcohol on his breath is overpowering.*

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# Behavioral Emergencies

- A situation in which a patient exhibits abnormal behavior that is unacceptable or intolerable.
- Examples are violence, rape and suicide.

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# Behavioral Emergencies

## Signs and Symptoms

- Emotional reactions
- Unusual appearance or speech patterns
- Abnormal or bizarre behavior or thought patterns; loss of contact with reality
- Aggressive behavior
- Certain odors on the patient's breath
- Pupils that are dilated, constricted or that react unequally
- Excess salivation
- Loss of bladder control
- Visual hallucinations
- Excited Delirium Syndrome – Donald Lewis

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# Behavioral Changes

## Causes of Behavioral Emergencies

- Injury
- Physical illness
- History of behavioral emergency
- Alcohol or drug use/abuse
- Noncompliance with psychiatric medications
- Adverse effects of prescription medications
- Mental illness
  - Schizophrenia / bipolar disorder
- Extreme stress

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# Psychological Emergencies

- Anxiety attack/panic attack
- Phobias
- Clinical depression – can lead to suicide
- Bipolar disorder – extreme lows of depression to highs of mania
- Paranoia – exaggerated notions of perceived threat
- Schizophrenia – hears voices, thoughts being controlled by others

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# Patients Who Are Violent Toward Themselves: Suicide Risk Factors

- Mental or emotional disorders
- History of substance abuse or suicide attempts
- Feelings of hopelessness or isolation
- Impulsiveness or aggressiveness
- Failed relationships
- Personal illness
- Failure at work, school or in financial matters
- Reluctance to seek help due to stigma
- Inability to access mental health services

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# Patients Who Are Violent Toward Themselves: Self-Mutilation

- Unhealthy coping mechanism to deal with overwhelming negative emotions, such as tension, anger and frustration
- Individual experiences momentary calmness and a release of tension but then quickly feels a sense of shame and guilt, in addition to a return of the negative feelings that the person was trying to avoid

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# Patients Who Are Violent To Others

- You should be alert to possible signs such as agitation, rapid or incoherent speech, shouting or making threats, clenched fists or a fighting stance, using objects as a weapon or throwing objects.
- Child Abuse – When providing care for a child who may have been abused, your first priority is to care for the child's injuries or illness.

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# Patients Who Are Violent To Others

## Sexual Assault: Rape

- Non-consensual sexual intercourse often performed using force, threats or violence
- Patients suffer from physical and emotional trauma and need to be treated with sensitivity.

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# Rape: Care Priorities

- Preserve evidence
- Explain what you will be doing and why
- Treat the patient on a clean white sheet, if possible
- Determine the patient's emotional state and complete a physical assessment, checking for trauma
- *Do not* clean the patient or allow him or her to shower, bathe, brush teeth or urinate, which may destroy evidence
- Bag each piece of evidence individually in a paper bag – law enforcement
- Follow local protocols and give the evidence to law enforcement personnel as soon as possible

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# Providing Care for Behavioral Emergencies

- Assess scene safety; clear scene of any injurious objects – personal safety first and foremost!
- *Do not* enter the scene if the patient has any kind of weapon
- Look for clues that may suggest what has happened
- Always summon more advanced medical personnel
- Establish rapport with the patient
  - Speak directly to the patient
  - Maintain eye contact



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# Providing Care for Behavioral Emergencies (cont'd)

- Communicate to find out what happened and what is needed
- Complete an assessment
- Maintain a calm approach and *never* leave a patient alone
- Assist with the use of restraints only if authorized
- Document everything you do when using restraints

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# You Are the Emergency Medical Responder

*As you continue to calmly interview the patient, you gradually earn his trust and soon learn that he has had trouble sleeping and hasn't eaten much in the past 2 weeks. He says he got out of drug rehab 3 months ago. He has not been taking his prescribed medication for about a month and recently lost two very close relatives. The patient says he "sort of went off the wagon."*

**What are some things you can do to earn his trust?**