Motivation: Incidents that involve abnormal behavior, or behavioral emergencies, can be so varied; therefore there are many factors to consider when managing a patient who is experiencing a behavioral emergency. Regardless of the patient’s type of emotional trauma, it is the responsibility of the EMT to assess and care for the patient as any other patient. Because of the many potential situations, it is also important to look for dangers and keep family members and bystanders from harm, as well as consider our own safety.

Student Performance Objective: Given information, resources, and opportunity for discussion and practice, at the completion of this session EMTs will be able to define behavioral emergencies, list causes and signs and symptoms, state actions and precautions for safety, and describe assessment care steps for behavioral emergency patients.

EMTs will follow acceptable Maryland medical practice and Maryland Medical Protocols for Emergency Medical Providers.

Enabling Objectives

- Define behavioral emergencies.
- Describe causes of behavioral emergencies.
- List signs and symptoms of behavioral emergencies.
- State actions and precautions to take when managing behavioral emergencies.
- Describe assessment and care steps for patients who are experiencing a behavioral emergency.

Overview:

- Behavioral Emergencies: Definition
- Causes of Behavioral Emergencies
- Signs and Symptoms
- Actions and Precautions
- Assessment and Care Steps

I. Behavioral Emergencies: Definition

   A. Abnormal or atypical behavior that is unacceptable in a given situation with the potential that serious harm is imminent

   B. Unusual and seriously alarming behavior
      1. Threats to harm self, particularly suicide
      2. Threats to harm others
3. Threats to cause serious property damage

C. Any medical or trauma event or situation that alters normal behavior and physical functioning

D. Consider all behavioral emergencies as incidents of altered mental status until proven otherwise so as not to overlook medical conditions, for example, abnormal blood sugar level, hypoxia, stroke, tumor, drug or alcohol intoxication, pain, medications, severe infections

II. Causes of Behavioral Emergencies

A. Trauma

1. Head injury—recent or past
   a. Periodic irritability
   b. Irrational behavior
   c. Confusion and frustration
   d. Amnesia
   e. Delusions

2. Amputation
   a. Medical—losing a body part can be mentally traumatic
   b. Traumatic—losing a body part in a crash or other trauma incident can be mentally traumatic

B. Medical

1. Metabolic disorders
   a. Hypoglycemia, or low blood sugar level
   b. Hyperglycemia, or diabetic coma
   c. Endocrine, or hormonal, disorders

2. Stroke

3. Epilepsy

4. History of depression or admission of depression

5. Hypoxia, or oxygen deficiency

6. Mind-altering substance use

7. Alcohol or drug abuse

8. Poison exposure or ingestion

9. Environmental
   a. Hypothermia (excessive cold)
   b. Hyperthermia (excessive heat)

C. Neurological

1. Organic brain disorder

2. Other medical conditions with organic causes
   a. Lesions
   b. Tumors
c. Degenerative diseases (Alzheimer’s, Parkinson’s, dementia)
d. Infections
e. Toxins

D. Stress response or any situation that causes prolonged and extreme stress resulting in extreme or sever anger, fear, or grief
   1. Loss of a loved one
   2. Work/job problems or loss
   3. Home/family problems
   4. Money problems
   5. Health problems

E. Psychiatric disorders
   a. History of mental illness or behavioral problems
   b. Overdose of or forgetting to take psychiatric medications
   c. Thought content not logical to or consistent with situation
   d. Unaware of surroundings or situation
   e. Delusions and hallucinations

III. Signs and Symptoms
A. Observable signs
   1. Body language: Expressions or actions
      a. Agitation—appears anxious, restless, panicky, nervous, displays rapid speech and movement
      b. Anger, aggressively hostile
      c. Defiance
      d. Violence: Threatening self or others with words or gestures
      e. Suicidal gestures or talk (if weapons are present, back away, call law enforcement)
      f. Shouting, crying out or crying
      g. Isolates self (locks self in a room) and refuses to talk
      h. Obsessive-compulsive actions

2. Personal appearance
   a. Neglect in hygiene
   b. Poor grooming and dress

3. History of alcohol or drug abuse

4. Delusions or visions: Hears voices and may want to follow the “orders” of the voices, talks to unseen person(s)

5. Persecution: Believes others are plotting against him or no one understands or blames others for the “problem”

6. Speech or language
   a. Cannot talk or does not appear to understand what you are saying (aphasia)
b. A result of brain injury from head trauma, stroke, brain tumor, neurological disease, epilepsy, or migraine, to specific areas of the brain; not a result of cognitive disorder
   1) Broca’s area—controls language/speech
   2) Wernicke’s area—controls language interpretation
c. Talks but word choice is unusual
   1) Quality
   2) Pace
   3) Articulation
7. Age (with any of the above signs)
   b. 15-25 years of age
c. Over 40 years of age
d. The elderly

B. Symptoms
   1. Possible rapid pulse rate
   2. Possible rapid breathing rate
   3. Trouble breathing
   4. Complains of headache or other pains
   5. Depression or suddenly coming out of a depression and feeling better

IV. Actions and Precautions
A. General
   1. Assess the scene for dangers or safety problems
   2. Protect yourself and others
   3. Be alert for changes in the patient’s behavior from calm to violent
   4. Be alert for weapons or any item that can be used as a weapon
   5. Have family members, friends, bystanders leave the room/area if the patient is agitated by their presence (alternately, consider having one of these persons present if that person appears to help calm the patient or the patient responds positively to that person)
   6. Take appropriate safety actions with any threat of danger or to safety
      a. Retreat
      b. Call law enforcement
B. Specific
   1. The suicidal patient
      a. Take suicidal threats seriously
      b. Get eye-level with patient; if possible; sit next to patient; maintain eye contact
      c. Talk to the patient about thoughts and feelings; listen
      d. Talk to the patient about previous attempts or plans
   2. The aggressive or hostile patient
a. Ensure safety: Watch for sudden changes in behavior, movements, actions
b. Be alert for weapons
c. Call for assistance from law enforcement
d. Call for medical direction if necessary

3. The psychiatric patient
a. Ensure safety: Watch for sudden changes in behavior, movements, actions
b. Care for medical or trauma problems first, if possible
c. Talk with the patient in a calm and reassuring voice
d. Encourage conversation about problems; listen
e. Use positive body language: Smile, position self at eye level, have hands relaxed at sides or in lap
f. Do not play along with hallucinations
g. Do not lie to patient or make promises you cannot fulfill
h. Involve family members if it is safe and helpful to do so

4. The patient reacting to stress
a. Act calmly and take control of the situation
b. Let the patient know you are there to help
c. Treat the patient as an individual who has feelings and merit
d. Do not rush the assessment or interview
e. Give the patient time to interact with you

V. Assessment and Care Steps
A. Assessment: Perform General Patient Care (Refer to Maryland Protocols, pp 25-34, 42)
1. Gather information on approach
2. Size up the scene
   a. Ensure scene safety
   b. Limit the number of people around the patient
   c. Avoid overwhelming the patient with too many people, too many people talking, and too many sounds
   d. Respect the patient’s personal space
3. Perform initial assessment to the extent possible
   a. Mental status
      1) Assess memory, concentration, judgment, orientation
      2) Assess mood: facial expressions, body language, response to questions
   b. Airway, breathing, circulation
   c. Provide oxygen if possible
   d. Disability: pulse/motor/sensory
   e. Expose to assess injuries
4. Perform focused history and physical exam—expect distorted information
a. History to the extent possible: SAMPLE
   1) Patient may be uncooperative
   2) Patient may provide an unreliable history
   3) Family or caretakers may be unavailable or not know full history

b. Physical assessment to the extent possible
   1) DCAP-BTLS
   2) AEIOU-TIPS
      a) Alcohol or acidosis
      b) Epilepsy (seizures)
      c) Infection (sepsis)
      d) Overdose
      e) Uremia
      f) Trauma or tumor
      g) Insulin (hyperglycemia or hypoglycemia)
      h) Poisoning or psychosis
      i) Stroke

c. Mental assessment: AABCST
   1) Appearance: what is the patient’s age, sex, hygiene, posture, dress
      (appropriate for season, situation/event, e.g., dressed for bed at a
      birthday party)
   2) Affect: what feelings the patient is demonstrating
   3) Behavior: what patient is doing
   4) Cognition: patient’s consciousness level, memory, mood
   5) Speech: patient’s word choice, tone, clarity, content, pace
   6) Thought processes: whether patient shows reasonable judgment for the
      situation

5. Follow treatment protocols
6. Communicate with hospital or other response personnel
7. Determine priority and mode of transport and where

B. Emergency care (Refer to Maryland Protocols for Emergency Services (p 42)
   1. Use restraints as necessary
      a. Transport from medical facility: obtain physician order
      b. Transport from field/home: call law enforcement to apply and accompany
         patient in transport unit
         1) Always use soft, humane restraints
         2) Have enough personnel to perform the restraint
            a) One person for each extremity, one person for the head, one
               person to apply restraints
            b) Coordinate actions
            c) Be cautious of kicking, scratching, biting
3) Restrain the patient in a supine position; never restrain in the prone position
4) Continuously monitor the restrained patient
   a) Check breathing and pulse
   b) Be alert for the struggling or agitated patient who suddenly becomes calm and quiet
      i. Check responsiveness
      ii. Check breathing and pulse
      iii. Be aware of faking and attempts to attack or injure you

2. Implement SAFER model
   a. Stabilize the situation: lower or stop the influence of sensations
   b. Assess and acknowledge the crisis: patient reactions are due to the event and not to personal weakness; Ask and talk about facts, reactions
   c. Facilitate, or help, the patient understand the event and reactions to it; facilitate activation of helpful resources (family or friends, minister/priest/rabbi, physician, law enforcement
   d. Encourage patient’s use of resources and actions to cope with the situation
   e. Recovery or referral: leave patient with a responsible person or professional or transport

3. Transport/transfer/transition patient and information

Summary:

Student Performance Objective: Given information, resources, and opportunity for discussion and practice, at the completion of this session EMTs will be able to define behavioral emergencies, list causes and symptoms, state actions and precautions for safety, and describe assessment care steps for behavioral emergency patients. Further, demonstrate assessment of patients experiencing a behavioral emergency.

Review:
- Behavioral Emergencies: Definition
  o Provide at least one definition or description of a behavioral emergency

- Causes of Behavioral Emergencies: Name at least one indication for each of the following causes of behavior emergencies
  o Trauma
  o Medical
  o Neurological
  o Stress
  o Psychiatric

- Signs and Symptoms
  o Name at least 5 observable signs of a behavioral emergency
  o What are some general symptoms of a behavioral emergency?

- Actions and Precautions
  o What are general actions and precautions to take for the behavioral emergency patient?
  o What are specific actions and precautions to take for each of the following behavioral emergency patients?
    - Suicidal patient
    - Aggressive or hostile patient
- Psychiatric patient
- Patient reacting to stress

- Assessment and Care Steps
  - List assessment steps for the behavioral emergency patient
  - List the care steps for the behavioral emergency patient
    - What are the protocols for using restraints?
    - What are the steps of the SAFER model?