

Assessment and Emergency Care of Psychiatric Emergencies

Scene Size-up

Scene Safety

Ensure scene safety and safe access to the patient. Be aware of potential violence or the possibility of a crime scene and call for law enforcement. Standard precautions should include a minimum of gloves. Determine the number of patients, and assess the need for additional resources. Pay close attention to the patient, and the surroundings; suicidal/homicidal patients will not hesitate to hurt you or your partner. Look for medications and signs of drug or alcohol use. Be observant for possible weapons. Identify yourself clearly, and remain calm and confident.

Mechanism of Injury (MOI)/ Nature of Illness (NOI)

Determine the MOI/NOI. Observe the scene, and look for indicators of an NOI/MOI. Abnormal behavior may be caused by Alzheimer disease, hypoglycemia, cerebrovascular accident, or environmental concerns. Consider that an MOI may be the reason for the person's behavior. Behavioral emergencies may also be the result of substance abuse, delusional disorders, and schizophrenia.

Primary Assessment

Form a General Impression

Your assessment of a behavioral emergency patient should begin at the door. Note the patient's behavior and attitude. Observe the overall appearance of the patient, age, and body position. Is the patient sitting, hunched over, shuffling around, or standing still? Is the patient in a defensive position, or does he or she seem agitated? Is the patient holding or near a weapon? Note the patient's facial expression. Observe for tears, sweating, nervousness, or embarrassment. Look for gang identification. Observe the work of breathing and circulation. Determine the level of consciousness using the AVPU scale. Identify immediate threats to life. Determine priority of care based on the MOI/NOI. If the patient has a poor general impression, call for advanced life support assistance. A rapid scan will help you identify and manage life threats.

Airway and Breathing

Ensure the airway is open, clear, and self-maintained. Unresponsive patients will need their airway opened and maintained using a modified jaw-thrust if cervical spine injury is suspected and a head tilt–chin lift in nontrauma patients. A patient with an altered level of consciousness may need emergency airway management; consider inserting a properly sized oropharyngeal or nasopharyngeal airway. Evaluate the patient's ventilatory status for rate and depth of breathing, respiratory effort, and tidal volume. Administer high-flow oxygen at 15 L/min, providing ventilatory support as needed. Hypoxia may cause changes in the patient's mental state.

Circulation

Observe skin color, temperature, and condition; look for life-threatening bleeding and treat accordingly. Suicidal patients might have injured themselves. Evaluate distal pulse rate, quality (strength), and rhythm. Tachycardia may be an indicator of a behavioral emergency, but it may also indicate respiratory distress or shock. Bradycardia might be from a medication reaction or poisoning.

Transport Decision

If the patient has an airway or breathing problem, signs and symptoms of bleeding, or other life threats, manage them immediately and consider rapid transport, performing the secondary assessment en route to the hospital. Be prepared to spend time on the scene for patients without life threats who are stable. Some patients may feel threatened during the physical examination; therefore, remain calm, and be supportive and empathetic. It is a good idea to have an additional patient care provider in the back of the ambulance with you.

NOTE: The order of the steps in this section differs depending on whether the patient is conscious or unconscious. The following order is for a conscious patient. For an unconscious patient, perform a primary assessment, perform a rapid full-body scan, obtain vital signs, and obtain the past medical history from a family member, bystander, or emergency medical identification device.

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History Taking

Investigate Chief Complaint

Investigate the chief complaint. Monitor the patient for changes in mental status. Ask OPQRST and SAMPLE questions. SAMPLE can also be obtained from family, bystanders, and medical alert tags. Once a traumatic event has been ruled out, history taking will help you determine the cause of the patient's behavioral state. The patient may be hypoglycemic from diabetes; might have a history of Alzheimer disease or dementia; alcohol or drug use may be a factor; or the patient may be depressed because of the loss of a job or a loved one. Ask about previous psychiatric emergencies, hospitalizations, and prescribed medications. If it is safe to do so, as you elicit the history from the patient, you should have your partner gather information separately from a family member. Listen to your patient, noting what he or she is saying and how he or she is saying it. Take the patient seriously.

Secondary Assessment

Physical Examinations

If the patient is unconscious, perform a systematic full-body scan beginning with the head, looking for DCAP-BTLS. Assessment should be rapid if the patient has a poor general impression. It is often difficult to perform a physical examination during a behavioral crisis or psychological emergency. Patients may feel threatened by your presence and actions. Obtain consent before attempting any examination or procedure and explain what you are going to do. Observe facial expressions; look for tears, sweating, or blushing. Note the patient's eyes and pupils; a central nervous system dysfunction may be indicated if the patient has a blank stare or rapid eye movement. Monitor the patient's mental status for sudden changes. Hallucinations may be a sign of the patient's compromised perception of reality.

Vital Signs

Obtain baseline vital signs if it is safe, the patient allows it, and it will not exacerbate the patient's emotional state. Vital signs should include blood pressure by auscultation, pulse rate and quality, respiration rate and quality, and skin assessment for perfusion. Note the patient's level of consciousness. Use pulse oximetry, if available, to assess the patient's perfusion status. Vital signs are important; the behavioral emergency may be the result of an injury or preexisting medical condition.

Reassessment

Interventions

Be acutely aware of changes in the patient's mental state; patients experiencing a behavioral crisis may act spontaneously and could become a danger to you and your crew. Reassess the primary assessment, vital signs, and chief complaint. Assist breathing as required, administering high-flow oxygen.

Communication and Documentation

Contact medical control/receiving hospital with a radio report; many hospitals require additional personnel and a separate treatment area. Include a thorough description of the MOI/NOI and the position the patient was found in. Include treatments performed and patient response. If the patient is restrained, the hospital needs to know this information. Be sure to document the patient's distress, answers to your questions, attitude toward emergency care providers, and any changes in patient status and the time. Follow local protocols. Document the reasoning for your treatment and the patient's response. If restraints were used, include why and what type of restraint was used.

NOTE: Although the following steps are widely accepted, be sure to consult and follow your local protocols. Take appropriate standard precautions when treating all patients.

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Psychiatric Emergencies

General Management of Psychiatric Emergencies

Managing life threats to the patient's ABCs and ensuring the delivery of high-flow oxygen are primary concerns with any psychiatric emergency. Without an underlying medical or trauma cause, there is usually little hands-on patient care for the EMT to perform. Competent adults have the right to refuse treatment and transport, but in the case of psychiatric emergencies, you may have a reasonable belief that the patient may harm himself, herself, or others. If this is the case, contact law enforcement to take the patient into custody. If restraint is required, consult with medical control, ensure law enforcement personnel are at the scene, and make sure that there are at least four people present. Use only approved restraint devices. Do not transport the patient in a prone position because the patient may experience severe respiratory distress or cardiac arrest, often called positional asphyxia.