


CHAPTER 23

**Behavioral Emergencies**



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**Causes of Behavioral Change**

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**Key Term**

**Behavior**

The manner in which a person acts or performs

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**Key Term**

**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

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**Causes of Behavioral Change**

- Low blood sugar
- Lack of oxygen
- Inadequate blood flow to brain or stroke
- Head trauma

*Continued...*

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**Causes of Behavioral Change**

- Mind-altering substances
- Excessive heat or cold
- Psychological crises

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**Psychological Crises**

- Panic
- Agitation
- Bizarre thinking and behavior
- Danger to self
- Danger to others

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**Behavioral Emergencies**

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**Behavioral Emergencies**

**Actions to Take**

- Size up scene carefully.
- Identify yourself, your role.
- Inform patient what you are doing.
- Ask questions in a calm, reassuring voice.
- Do not rush.

*Continued...*

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### Behavioral Emergencies

**Actions to Take**

- Do not be judgmental.
- Acknowledge patient's feelings.
- Show you are listening by rephrasing what is said.
- Treat patient with respect.

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### Assessing Behavioral Emergencies

- What is the patient's mental status?
- Appearance (clothing, hygiene)
- Activity
- Speech
- Orientation

*Continued...*

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### Assessing Behavioral Emergencies

Any potential violence?

- History of violent behavior
- Posturing
- Voice level/tone
- Physical activity

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### Emergency Care for Behavioral Emergencies

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

*Continued...*

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### 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...*

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### Emergency Care for Behavioral Emergencies

- Be prepared to spend time with patient.
- Avoid unnecessary physical contact.
- Use positive eye contact.
- Restrain if necessary.

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## Suicidal Behavior

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### Suicide Risk Factors

- 15-25 years old, or over 40 years old, are high risk, but any age is possible
- Alcohol or drug abuse
- Lethal plan of action
- Gathering articles capable of causing death (gun, pills, etc.)

*Continued...*

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### Suicide Risk Factors

- Depression or high stress levels
- Previous history of self-destructive behavior
- Recent diagnosis of serious illness
- Recent loss of loved one

*Continued...*

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### Suicide Risk Factors

- Arrest, imprisonment, loss of job
- Sudden improvement from depression

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### Size-Up During Suicidal Behavior

- Any display of self-destructive behavior or thoughts?
- Illness or injury from previous attempts?

*Continued...*

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### Size-Up During Suicidal Behavior

- How does patient feel?
- Is patient a threat to self/others?
- Is there a medical problem?

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### Safety Considerations

- Have an escape route.
- Never enter a scene alone.
- Be alert for weapons or potential weapons.
- Watch for sudden changes of behavior.

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### Emergency Care for Suicidal Behavior

- Size up scene and your safety concerns.
- Utilize police department as needed.
- Perform patient assessment.

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### Emergency Care for Suicidal Behavior

- Calm the patient.
- Do not leave patient alone.
- Restrain, if necessary.
- Transport.

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## Use of Restraints

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### Use of Restraints: Medical-Legal Implications

- Emotionally disturbed patients may refuse care.
- To provide care against patient's wishes, patient must be harmful to self/others.

*Continued...*

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### Use of Restraints: Medical-Legal Implications

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

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### Use of Restraints

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

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### Use of Restraints

Once a decision is made, act quickly.

- Have one EMT-B talk patient through process.
- Secure patient with approved position/materials.
- Secure all 4 limbs.

Continued...

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### Use of Restraints

- Use reasonable force to prevent patient from injuring self and others.
- Avoid force that may injure patient.

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### 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

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### Key Term

#### Positional Asphyxia

Death of a restrained patient — possibly due to respiratory problems caused by restraint

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### Preventing Positional Asphyxia

- Do not use hog-tie as a hobble restraint.
- Position patient face-up when possible.
- Monitor patient carefully while restrained.

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### Use of Restraints

- Reassess patient frequently.
- Document incident thoroughly.
  - Indications
  - Methods
  - Witnesses

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### Review Questions

1. List several causes for behavioral change.
2. Describe several verbal and physical methods for assessment of a behavioral emergency.

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### Review Questions

3. Describe the patient care for behavioral emergencies.
4. List several risk factors for suicide.
5. Describe medical-legal implications for use of restraints.

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## STREET SCENES

- What is your first and most important concern?
- How should you handle the matter of scene safety?
- When should you approach the patient?

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## STREET SCENES

- How should the patient be approached?
- What are the safety concerns when working with an agitated patient?
- Does this patient need a medical assessment?

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### Sample Documentation

PATIENT NAME: Robert Lancost      PATIENT AGE: 30

Threatening to injure self      **1015**      **120**      **80**

TIME	HR	MIN	SECS	LOC	NO	NO	NO

**PAST MEDICAL HISTORY**

ALLERGIES	DIABETES	HEART	HYPERTENSION	RESPIRATORY	SKIN	STOMACH	UROLOGICAL	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DEPRESSION, MENTAL PROBLEMS**

**DISORDER EMPLOYMENT**

**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.

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