Behavioral Emergencies

Patient’s behavior is disturbing and/or potentially harmful to himself, his family, or his community.

Never assume that a patient has a psychiatric illness until all possible causes are ruled out.

Behavioral Changes

Causes
- Low blood sugar
- Hypoxia
- Inadequate cerebral blood flow
- Head trauma
- Drugs, alcohol
- Excessive heat, cold
- CNS infections

Behavioral Change

Clues suggesting physical causes
- Sudden onset
- Visual, but not auditory, hallucinations
- Memory loss, impairment
- Altered pupil size, symmetry, reactivity
- Excessive salivation
- Incontinence
- Unusual breath odors

Behavioral Problems

Anxiety
- Most common psychiatric illness (10% of adults)
- Painful uneasiness about impending problems, situations
- Characterized by agitation, restlessness
- Frequently misdiagnosed as other disorders
Anxiety
- Panic attack
- Intense fear, tension, restlessness
- Patient overwhelmed, cannot concentrate
- May also cause anxiety, agitation among family, bystanders

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Phobias
- Closely related to anxiety
- Stimulated by specific things, places, situations
- Signs, symptoms resemble panic attack
- Most common is agoraphobia (fear of open places)

Depression
- Deep feelings of sadness, worthlessness, discouragement
- Factor in 50% of suicides

Signs, Symptoms
- Sad appearance
- Listless, apathetic behavior
- Crying spells
- Withdrawal
- Pessimism
- Loss of appetite
- Sleeplessness
- Fatigue
- Despondence
- Severe restlessness

Ask all depressed patients about suicidal thoughts

Asking someone about suicide will NOT “put the idea in their head.”
Bipolar Disorder
- Manic-depressive
- Swings from one end of mood spectrum to other
- **Manic** phase: Inflated self-image, elation, feelings of being very powerful
- **Depressed** phase: Loss of interest, feelings of worthlessness, suicidal thoughts
- Delusions, hallucinations occur in either phase

Paranoia
- Exaggerated, unwarranted mistrust
- Often elaborate delusions of persecution
- Tend to carry grudges
- Cold, aloof, hypersensitive, defensive, argumentative
- Cannot accept fault
- Excitable, unpredictable

Schizophrenia
- Debilitating distortions of speech, thought
- Bizarre hallucinations
- Social withdrawal
- Lack of emotional expressiveness
- **NOT** the same as multiple personality disorder

Substance Abuse Disorders
- Abstinence from substance use may push a person to suicidal intentions or violent behavior
- Potential for violence when dealing with acute intoxication or symptoms of withdrawal
- In some cases, it will be necessary for you to call for police assistance or restrain a patient

Suicide & Violence

Suicide
- Suicide attempt = Any willful act designed to end one's own life
- 10th leading cause of death in U.S.
- Second among college students
- Women *attempt* more often
- Men *succeed* more often
Suicide
- 50% who succeed attempted previously
- 75% gave clear warning of intent

People who kill themselves, **DO** talk about it in advance!

Suicide
- Risk factors
  - Men >40 y.o.
  - Single, widowed, or divorced
  - Drug, alcohol abuse history
  - Severe depression
  - Previous attempts, gestures
  - Highly lethal plans

Take ALL suicidal acts seriously!

Suicide
- Risk factors
  - Obtaining means of suicide (gun, pills, etc)
  - Previous self-destructive behavior
  - Current diagnosis of serious illness
  - Recent loss of loved one
  - Arrest, imprisonment, loss of job

Suicide
- Risk factors
  - If pt refuses treatment and you have concerns for his safety...call for police
  - Increased potential for violence with this population
  - Ask about previous suicide attempts, depression and self-destructive thoughts

Violence to Others
- 60 to 70% of behavioral emergency patients become assaultive or violent
- Causes include
  - Real, perceived mismanagement
  - Psychosis
  - Alcohol, drugs
  - Fear
  - Panic
  - Head injury
Violence to Others

- Warning signs
  - Nervous pacing
  - Shouting
  - Threatening
  - Cursing
  - Throwing objects
  - Clenched teeth and/or fists

Dealing with Behavioral Emergencies

Principles and techniques

Basic Principles

- We all have limitations
- We all have a right to our feelings
- We have more coping ability than we think
- We all feel some disturbance when injured or involved in an extraordinary event

Basic Principles

- Emotional injury is as real as physical injury
- People who have been through a crisis do not just "get better"
- Cultural differences have special meaning in behavioral emergencies

Techniques

- Speak calmly, reassuringly, directly
- Maintain comfortable distance
- Seek patient's cooperation
- Maintain eye contact
- No quick movements

Techniques

- Respond honestly
- Never threaten, challenge, belittle, argue
- Always tell the truth
- Do NOT "play along" with hallucinations
- Do not "gang up" on the patient
Techniques
- Involve trusted family, friends
- Be prepared to spend time
- NEVER leave patient alone
- Avoid using restraints if possible
- Do NOT force patient to make decisions

Techniques
- Encourage patient to perform simple, non-competitive tasks
- Disperse crowds that have gathered

Behavioral Emergencies
Assessment

Scene Size-Up
- Pay careful attention to dispatch information for indications of potential violence
- Never enter potentially violent situations without police support
- If personal safety uncertain, stand by for police

Scene Size-Up
- In suicide cases, be alert for hazards
  - Automobile running in closed garage
  - Gas stove pilot lights blown out
  - Electrical devices in water
  - Toxins on or around patient

Scene Size-Up
- Quickly locate patient
- Stay between patient and door
- Scan quickly for dangerous articles
- If patient has weapon, ask him to put it down
- If he won't, back out and wait for police
Scene Size-Up
- Look for
  - Signs of possible underlying medical problems
  - Methods, means of committing suicide
  - Multiple patients

Initial Assessment
Identification of all life-threatening medical or traumatic problems has priority over any behavioral problem.

Focused History, Physical Exam
- Be polite, respectful
- Preserve patient’s dignity
- Use open-ended questions
- Encourage patient to talk; Show you are listening
- Acknowledge patient's feelings
- Patient medical history & medications?

Pharmacology
- 4 classes of drugs prescribed for mental illness
  - antipsychotics
  - mood stabilizers
  - antidepressants
  - antianxiety medications
- Many with psychiatric illnesses take medications
- Try to determine
  - name of medication
  - whether or not the patient is compliant with the dose and schedule

Anti-psychotics

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clozaril</td>
<td>clozapine</td>
</tr>
<tr>
<td>Risperdal</td>
<td>risperidone</td>
</tr>
<tr>
<td>Zyprexa</td>
<td>olanzapine</td>
</tr>
<tr>
<td>Thorazine</td>
<td>chlorpromazine</td>
</tr>
<tr>
<td>Haldol</td>
<td>haloperidol</td>
</tr>
<tr>
<td>Mellaril</td>
<td>thioridazine</td>
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<tr>
<td>Loxitane</td>
<td>loxapine</td>
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</table>

Mood Stabilizers

<table>
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<tr>
<th>Trade Name</th>
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<tbody>
<tr>
<td>Lithium</td>
<td>lithium</td>
</tr>
<tr>
<td>Eskalith</td>
<td>lithium</td>
</tr>
<tr>
<td>Lithobid</td>
<td>lithium</td>
</tr>
<tr>
<td>Depakote</td>
<td>valproic acid</td>
</tr>
<tr>
<td>Tegretol</td>
<td>carbamazepine</td>
</tr>
<tr>
<td>Zyprexa</td>
<td>olanzapine</td>
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### Antidepressants - SSRIs

<table>
<thead>
<tr>
<th>Trade Name</th>
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<tbody>
<tr>
<td>Prozac</td>
<td>fluoxetine</td>
</tr>
<tr>
<td>Effexor</td>
<td>venlafaxine</td>
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<tr>
<td>Zoloft</td>
<td>sertraline</td>
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<tr>
<td>Wellbutrin</td>
<td>bupropion</td>
</tr>
<tr>
<td>Serazone</td>
<td>nefazodone</td>
</tr>
<tr>
<td>Celexa</td>
<td>citalopam</td>
</tr>
<tr>
<td>Paxil</td>
<td>paroxetine</td>
</tr>
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</table>

### Antidepressants - Tricyclics

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elavil</td>
<td>amitriptyline</td>
</tr>
<tr>
<td>Tofranil</td>
<td>imipramine</td>
</tr>
<tr>
<td>Pamelo</td>
<td>nortriptyline</td>
</tr>
<tr>
<td>Norpramine</td>
<td>desipramine</td>
</tr>
<tr>
<td>Anafranil</td>
<td>clomipramine</td>
</tr>
<tr>
<td>Sinequan</td>
<td>doxepine</td>
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</table>

### Antidepressants - MAOIs

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Generic Name</th>
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<tbody>
<tr>
<td>Marplan</td>
<td>isocarboxazid</td>
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<tr>
<td>Nardil</td>
<td>phenelzine</td>
</tr>
<tr>
<td>Eldepry</td>
<td>selegiline</td>
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<tr>
<td>Parnate</td>
<td>tranylcypromine</td>
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</tbody>
</table>

### Anti-anxiety Medications

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valium</td>
<td>diazepam</td>
</tr>
<tr>
<td>Clonopin</td>
<td>clonazepam</td>
</tr>
<tr>
<td>Librium</td>
<td>cholordizaepoxide</td>
</tr>
<tr>
<td>Ativan</td>
<td>lorazepam</td>
</tr>
<tr>
<td>Xanax</td>
<td>alprazolam</td>
</tr>
<tr>
<td>Halcion</td>
<td>triazolam</td>
</tr>
</tbody>
</table>

### Assessment: Suicidal Patients

- Injuries, medical conditions related to attempt are primary concern
- Listen carefully
- Accept patient’s complaints, feelings
- Do NOT show disgust, horror
- Do NOT trust “rapid recoveries”
- Do something tangible for the patient
- Do NOT try to deny that the attempt occurred
- NEVER challenge patient to go ahead, do it
Assessment: Violent Patients
- Find out if patient has threatened/has history of violence, aggression, combativeness
- Assess body language for clues to potential violence
- Listen to clues to violence in patient’s speech
- Monitor movements, physical activity
- Be firm, clear
- Be prepared to restrain, but only if necessary

Management
- Your safety comes first
- Trauma, medical problems have priority
- Calm the patient; NEVER leave him alone
- Use restraints as needed to protect yourself, the patient, others
- Transport to facility with appropriate resources

Restraining Patients
- A patient may be restrained if you have good reason to believe he is a danger to:
  - You
  - Himself
  - Other people

Restraining Patients
- Have sufficient manpower
- Have a plan; Know who will do what
- Use only as much force as needed
- When the time comes, act quickly; Take the patient by surprise
- At least four rescuers; One for each extremity

Restraining Patients
- Use humane restraints (soft leather, cloth) on limbs
- Secure patient to stretcher with straps at chest, waist, thighs
- If patient spits, cover face with surgical mask
- Once restraints are applied, NEVER remove them!

Reasonable Force
- Minimum amount of force needed to keep patient from injuring self, others
- Force must NEVER be punitive in nature
- Document the reason for use of restraints and the de-escalation tactics that were attempted
Rescuer and patient safety are main concerns
Assure scene safety for all rescue personnel
Consider additional resources early in the call
Do not leave patient alone or turn your back
Display a calm, reassuring, professional attitude
Verbalize facts to the patient such as what procedures are to occur
Use only reasonable force sufficient to restrain a patient