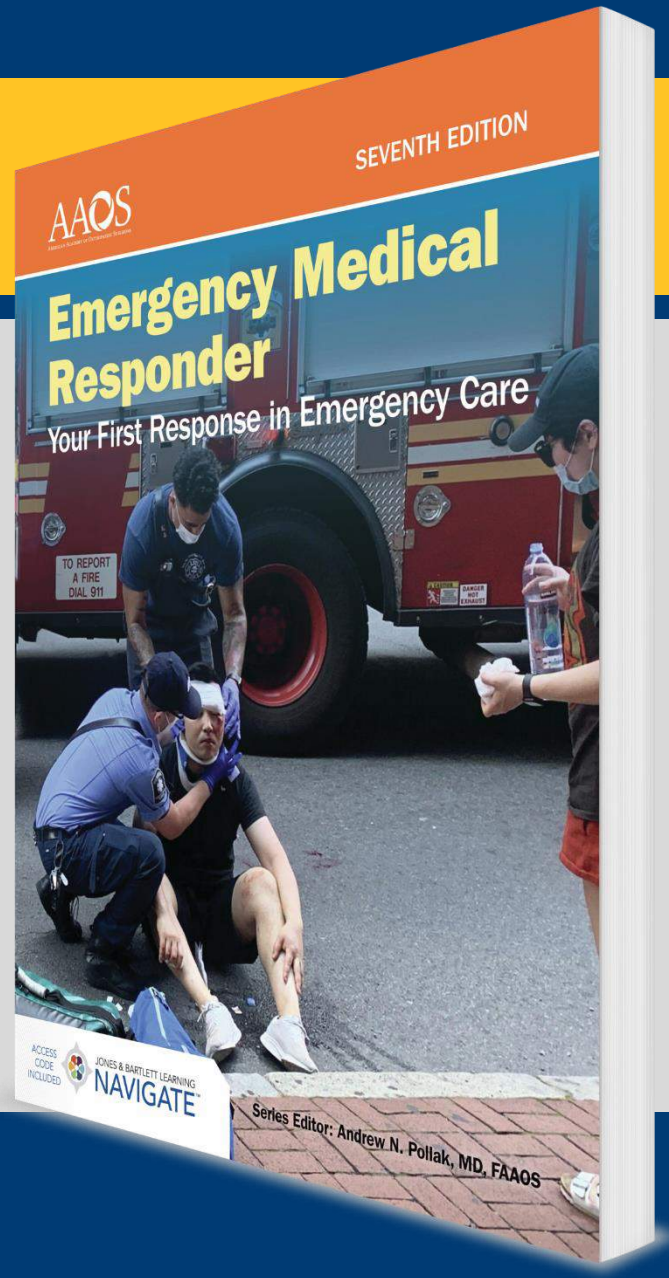
CHAPTER 12

Behavioral Emergencies



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National EMS Education Standard Competencies (1 of 3)

Medicine:

Recognizes and manages life threats based on assessment findings of a patient with a medical emergency while awaiting additional emergency response.

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National EMS Education Standard Competencies (2 of 3)

Psychiatric:

Recognition of:

- Behaviors that pose a risk to EMR, patient, or others.

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National EMS Education Standard Competencies (3 of 3)

Special Patient Populations:

Recognizes and manages life threats based on simple assessment findings for a patient with special needs while awaiting additional emergency response.

Patients With Special Challenges:

- Recognizing and reporting abuse and neglect.

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Introduction

- EMRs need to give psychological support as well as emergency medical care.
- Factors contributing to behavioral changes:
  - Medical conditions.
  - Physical trauma.
  - Psychiatric illnesses.
  - Mind-altering substances.
  - Situational stresses.

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Patient Assessment in Behavioral Emergencies (1 of 3)

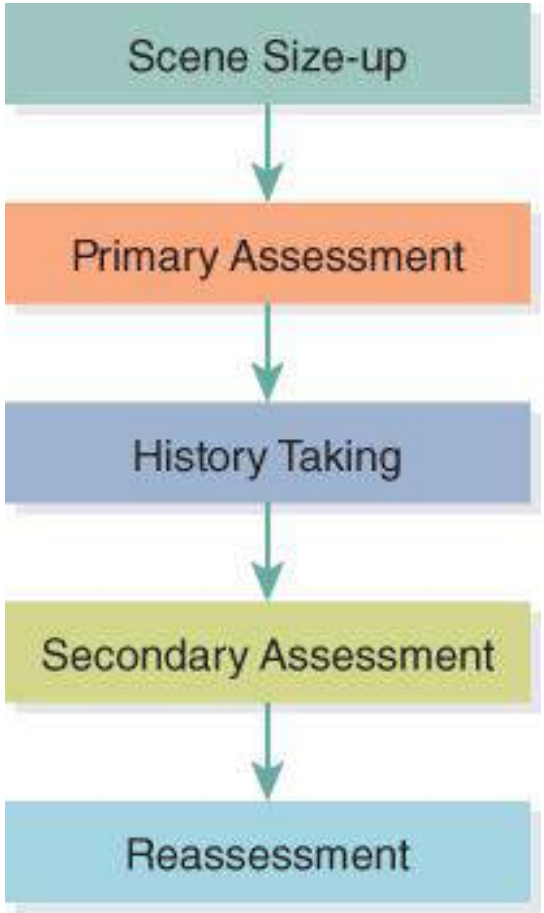


FIGURE 12-1 Patient assessment sequence.

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Patient Assessment in Behavioral Emergencies (2 of 3)

- Complete a scene size-up, being especially careful to make sure that scene is safe.
- If patient is oriented and responsive, complete primary assessment.
  - Observe patient's responsiveness, airway, and breathing, and measure pulse.
- History should follow SAMPLE format.

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Patient Assessment in Behavioral Emergencies (3 of 3)

- Secondary assessment should rule out any obvious injuries and focus on signs of medical illnesses.
  - Take a set of vital signs.
- Reassess stable patients every 15 minutes and unstable patients every 5 minutes.
- If you cannot complete assessment, document reason for not completing it.

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Behavioral Crises (1 of 4)

- Behavioral emergencies are situations in which persons exhibit abnormal, unacceptable behavior that cannot be tolerated by patients themselves or by family, friends, or community.
  - Five main factors contribute to behavioral changes.
- Medical conditions:
  - Uncontrolled diabetes.
  - Respiratory conditions.
  - Strokes.

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Behavioral Crises (2 of 4)

- Medical conditions (cont'd):
  - Head injuries.
  - High fevers.
  - Infections.
  - Excessively low body temperature.
- Physical trauma conditions:
  - Head injuries.
  - Injuries that result in shock and an inadequate blood supply to brain.

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Behavioral Crises (3 of 4)

- Psychiatric illnesses:
  - Depression.
  - Panic.
  - Psychotic behavior.
- Mind-altering substances:
  - Alcohol.
  - A wide variety of chemical substances.

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Behavioral Crises (4 of 4)

- Situational stresses:
  - Death of a loved one.
  - Serious injury to a loved one.

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What Is a Situational Crisis?

- State of emotional upset or turmoil.
- Caused by a sudden and disruptive event.
- Most situational crises:
  - Are sudden and unexpected.
  - Cannot be handled by person's usual coping mechanisms.
  - Last only a short time.
  - Can cause socially unacceptable, self-destructive, or dangerous behavior.

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Phases of a Situational Crisis

- There are four emotional phases to each situational crisis.
- People may not experience every phase, but they will experience one or more.
- Emotional phases:
  - High anxiety or emotional shock.
  - Denial.
  - Anger.
  - Remorse and grief.

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High Anxiety or Emotional Shock (1 of 2)

- High anxiety is characterized by:
  - Flushed (red) face.
  - Rapid breathing.
  - Rapid speech.
  - Increased activity.
  - Loud or screaming voice.
  - General agitation.

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High Anxiety or Emotional Shock (2 of 2)

- Emotional shock is often result of a sudden illness, accident, or sudden death of a loved one.
- Emotional shock is characterized by:
  - Cool, clammy skin.
  - A rapid, weak pulse.
  - Vomiting and nausea.
  - General inactivity and weakness.

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Denial

- Refusal to accept fact that an event has occurred.
- Your response should be as follows:
  - Allow patient to express denial.
  - Do not argue with patient.
  - Try to understand emotional and psychological trauma that patient is experiencing.

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Anger

- Normal human response to emotional overload or frustration.
- May follow denial or may replace denial.
- People may vent angry feelings at you.
  - Do not take person’s anger personally.
- Frustration and a sense of helplessness can often build to anger.
  - Always be professional and remain calm.

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Remorse or Grief



FIGURE 12-2 An acceptance of the situation may lead to grief.

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- Acceptance of situation may lead to remorse or grief.
- People may feel guilty or apologetic about their behavior.

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Crisis Management

- Role of EMR:
  - Follow steps of patient assessment sequence.
    - Perform a scene size-up.
    - Perform a primary assessment.
    - Obtain patient's medical history (SAMPLE).
    - Perform a secondary assessment.
    - Provide ongoing reassessment.
  - Most important assessment skill may be your ability to communicate with patient.

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Communicating With Patient (1 of 6)



FIGURE 12-3 Crouch or seat yourself at the same level as the patient.

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FIGURE 12-4 This body language communicates an uncaring attitude.

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- Talk with person.
  - Introduce yourself.
  - Ask patient his or her name.
  - Ask what you can do to help.
- Be honest, warm, caring, and empathetic.
- Position yourself at patient's eye level.

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Communicating With Patient (2 of 6)

- Establish eye contact with patient.
- Use a calm, steady voice and provide honest reassurance.
- Try not to let negative personal feelings interfere with your attempt to provide assistance.
- Simple acts of kindness can provide comfort and reassurance.

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Communicating With Patient (3 of 6)

- Restatement:
  - Rephrasing a person's own words and thoughts and repeating them back.
  - Be honest and give patient hope, but do not give false hope.
- Redirection:
  - Helps focus a patient's attention on immediate situation or crisis.

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Communicating With Patient (4 of 6)

- Redirection (cont'd):
  - Use redirection to alleviate a patient’s expressed concerns.
  - Move patient to a quieter and more private location.
- Empathy:
  - Imagining yourself in another person’s situation and sharing his or her feelings or ideas.
  - Empathy is one of the most helpful concepts you can use.
  - Use a calm and caring approach.

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Communicating With Patient (5 of 6)

- Principles for assessing patients with behavioral problems:
  - Identify yourself and let patient know you are there to help.
  - Inform patient of what you are doing.
  - Ask questions in a calm, reassuring voice.
  - Allow patient to tell you what happened—do not be judgmental.
  - Show you are listening by using restatement and redirection.
  - Acknowledge patient's feelings.
  - Assess patient's mental status.

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Communicating With Patient (6 of 6)

- Communication with patients with developmental disabilities:
  - CDC data indicates one in six children has a developmental disability.
  - Developmental disabilities range from learning disabilities and developmental delays to autism spectrum disorder.
  - For example, patients with autism might:
    - Avoid eye contact and want to be alone.
    - Not look at objects when another person points to them.
    - Have trouble expressing their needs using typical words or motions.
    - Appear to be unaware when people talk to them but respond to other sounds.
    - Have trouble adapting when their routine changes.
    - Prefer not to be held or touched.

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Crowd Control

- Performing crowd control may help reduce a patient's anxiety when there are too many people around.
- During your size-up of the scene, determine whether there is a crowd that might become hostile.
  - It is better to ask for help early than to wait.

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Domestic Violence (1 of 6)

- Common occurrence in today's society.
- It takes several different forms:
  - Elder abuse.
  - Child abuse.
  - Spouse and domestic partner abuse.
- When responding to a domestic call:
  - Maintain safety for all rescuers as well as for patient.

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Domestic Violence (2 of 6)

- When responding to a domestic call (cont'd):
  - Conduct an effective assessment and treatment.
  - Understand requirements for reporting abuse in your state.
- Physical signs and symptoms:
  - Broken bones.
  - Cuts.

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Domestic Violence (3 of 6)

- Physical signs and symptoms (cont'd):
  - Head injuries.
  - Bruises.
  - Burns.
  - Scars from old injuries.
  - Injuries in various stages of healing.
  - Internal injuries.

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Domestic Violence (4 of 6)

- Emotional symptoms:
  - Depression.
  - Suicide attempts.
  - Abuse of alcohol or drugs.
  - Feelings of anxiety, distress, and hopelessness.
- Abusers may be paranoid, overly sensitive, obsessive, or threatening.

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Domestic Violence (5 of 6)

- If you suspect abuse, your responsibility is to maintain safety for yourself and for patient.
  - Try to separate patient from abuser.
  - Try to keep from judging the patient.
  - Presence of law enforcement personnel may be helpful.
  - Learn requirements for reporting abuse in your state.

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Domestic Violence (6 of 6)

- Cycles of abuse:
  - Tension phase: Abuser becomes angry and often blames victim.
  - Explosive phase: Abuser becomes enraged and loses control as well as ability to think clearly.
  - Make-up phase: Abuser makes promises, which are seldom kept.

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Violent Patients (1 of 3)



FIGURE 12-5 A patient's posture will indicate the potential for violent behavior.

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- Immediately attempt to establish verbal and eye contact with patient.
- Check with family and friends about patient's past history of violence.
- Signs of potential violence:
  - History of violence.
  - Yelling or verbal threatening.

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Violent Patients (2 of 3)

- Signs of potential violence (cont'd):
  - Loud, obscene, or bizarre speech.
  - Pacing, inability to sit still, and protection of personal space.
  - Abuse of drugs or alcohol.
- Never force a potentially violent patient into a corner, and do not allow yourself to be cut off from a route of retreat.

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Violent Patients (3 of 3)

- Have only one person talk with patient.
  - Communicator should be rescuer with whom patient seems to have best initial rapport.
- Anticipate need to summon law enforcement personnel if all else fails.

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Violence Against EMRs (1 of 3)

- Factors that increase risk of violence in workplace:
  - Working alone or in small numbers.
  - Working late at night or early in morning.
  - Working in high-crime areas.
  - Working in community settings.

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Violence Against EMRs (2 of 3)

- Be alert when you respond to a call that has an increased chance for violence, including following situations:
  - Crime scenes.
  - Incidents involving gangs.
  - Large gatherings of hostile or potentially hostile people.
  - Domestic disputes.

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Violence Against EMRs (3 of 3)

- Ways to minimize risk of injury:
  - Take steps to keep yourself and other rescuers safe at these scenes.
  - Always keep an escape route open between you and patient.
- Prevention:
  - Best way to avoid violence.
  - Make sure you have an escape route in mind.

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Armed Patient

- It is not your role to handle an armed patient unless you are a law enforcement officer.
- Be alert and summon assistance.
- Stay in your vehicle if you must wait for a law enforcement officer.
- If you are confronted by an armed person, immediately attempt to withdraw.

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Medical and Legal Considerations (1 of 3)

- If an emotionally disturbed patient agrees to be treated, few legal issues should arise.
- If a patient who appears to be disturbed refuses treatment, you may have to provide care against patient's will.
  - You must have a reasonable belief that patient would harm self or others.

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Medical and Legal Considerations (2 of 3)

- If you are required to restrain a patient, consider these factors:
  - Patient's size and apparent strength.
  - Patient's gender.
  - Type of abnormal behavior.
  - Patient's mental state.
  - Method of restraint.

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Medical and Legal Considerations (3 of 3)

- You may use reasonable force to defend yourself against an attack.
- Seek assistance from law enforcement officials or from your medical director.
- Document conditions present.
- Whenever possible, a caregiver of same sex should take primary responsibility for care of patient.

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Attempted Suicide (1 of 2)

- Many patients who fail at their first attempt will try to commit suicide again.
- Underlying psychiatric disease is usually treatable.
- Review the risk factors that make it more likely that someone will consider or attempt suicide (Table 12-1).
- Management:
  - Protect yourself and patient from further harm.
  - Obtain a complete history of incident.
  - Determine whether patient still has a weapon or drugs on him or her.

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Attempted Suicide (2 of 2)

- Management (cont'd):
  - Support patient’s ABCs.
  - Dress any open wounds.
  - Treat patient for spinal injuries.
  - Do not judge patient.
  - Treat patient for injuries or conditions you discover.
  - Provide emotional support.

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Posttraumatic Stress Disorder (1 of 2)

- A mental health or behavioral condition triggered by experiencing or witnessing a terrifying event.
- Symptoms include:
  - Intrusive memories of traumatic event.
  - Avoidance of places, activities, or people that remind them of traumatic event.
  - Negative feelings.
  - Emotional reactions.

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Posttraumatic Stress Disorder (2 of 2)

- As an EMR, your job is to:
  - Protect patient from harm.
  - Speak with patient in a positive and supportive way.
  - Arrange for patient to be transported to an appropriate medical facility.

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Sexual Assault (1 of 2)

- Psychological aspects of treatment are important.
- You may have to delay all but most essential treatment until a responder of same sex as patient arrives.
- Your first priority is medical well-being of patient.
  - Treat any injuries person may have.

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Sexual Assault (2 of 2)

- Sexual assault is a crime.
  - Do not remove clothing except to give medical care.
  - Try to convince patient not to bathe or use toilet.
  - Keep scene and any evidence as undisturbed and intact as possible.
  - Avoid aggressively questioning patient.
  - Treat patient with empathy.

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Death and Dying (1 of 2)

- You will encounter death and dying from natural, accidental, and intentional causes.
- Do whatever you can to meet patient's medical needs.
- Most people are afraid of dying.
  - Work through your personal feelings about death.

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Death and Dying (2 of 2)



FIGURE 12-6 Do not be afraid to show empathy to patients and family members.

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- Consider psychological needs of patient and his or her family.
  - Do not be afraid to touch.
  - Make positive statements, but do not give false hope.
  - Provide comfort in any way you can.

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Coping with Work-Related Stress

- Providing emergency care is stressful for EMRs.
- If you let stress build up without releasing it in healthy ways, it can begin to have negative effects on you and your performance.
- Signs and symptoms of extreme stress:
  - Depression.
  - Inability to sleep.
  - Weight changes.
  - Increased alcohol consumption or drug abuse.
  - Inability to get along with family and coworkers.
  - Lack of interest in food or sex.

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Critical Incident Stress Debriefing and Peer Support

- To help prevent excess stress and relieve stress caused by critical incidents, psychologists have developed a critical incident stress debriefing (CISD) process.
  - CISD brings rescuers and a trained person together to talk about the rescuer's feelings.
  - CISD may help rescuers understand the signs and symptoms of stress and receive reassurance from the group leader.
  - CISD allows people to obtain more help from trained professionals, if needed.
- Peer support is a process involving properly trained member of your department to provide confidential support to another member who is experiencing personal, emotional, or work-related problems.

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Summary (1 of 3)

- Only a small percentage of patients you treat will be severely mentally disturbed, but almost every patient you care for will be experiencing some degree of mental and emotional crisis.
- Behavioral emergencies are situations in which persons exhibit abnormal, unacceptable behavior that cannot be tolerated by patients themselves or by family, friends, or community.

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Summary (2 of 3)

- Five major factors cause behavioral crises: medical conditions, physical trauma conditions, psychiatric illnesses, mind-altering substances, and situational stresses.
- Four emotional phases to each crisis are high anxiety or emotional shock, denial, anger, and remorse or grief.

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Summary (3 of 3)

- Your role as an EMR consists of assessing patient and providing physical and emotional care. Your most important assessment skill may be your ability to communicate with patient.
- If a patient who appears to be disturbed refuses to accept treatment, you may have to provide care against patient's will.

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Review

1. Behavioral emergencies are situations in which a person exhibits:
   A. abnormal behavior that is deemed unacceptable by others.
   B. mild to moderate depression over a long period of time.
   C. anger that is justified by the situation.
   D. strange behavior, but is otherwise mentally stable.

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Review

Answer:

A. abnormal behavior that is deemed unacceptable by others.

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Review

2. Which of the following is *not* considered an emotional phase in a situational crisis?
   A. Anger
   B. Denial
   C. Grief
   D. Violence

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Review

Answer:

D. Violence

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Review

3. When treating a patient with PSTD, one of your responsibilities is to:
   A. protect the patient from harm.
   B. speak with the patient in an authoritative, forceful way.
   C. convince the patient to take care of the problem himself or herself.
   D. contact law enforcement immediately.

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Review

Answer:

A. protect the patient from harm.

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