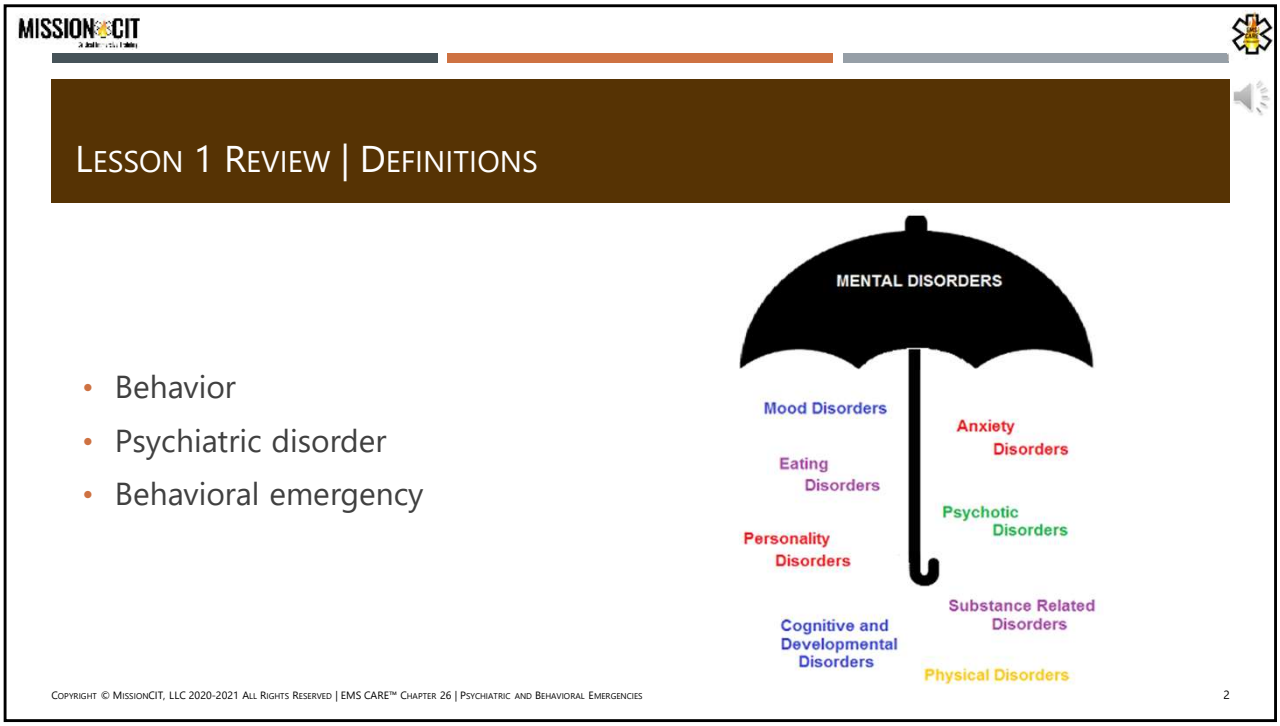




Chapter Review

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Thank you Justin!
Welcome to the review for Psychiatric and Behavioral Emergencies, where we will quickly recap all that we have learned so far in this chapter.
Remember, a 15 question quiz for which you need to score 75% or better follows this lesson.
Good Studying.

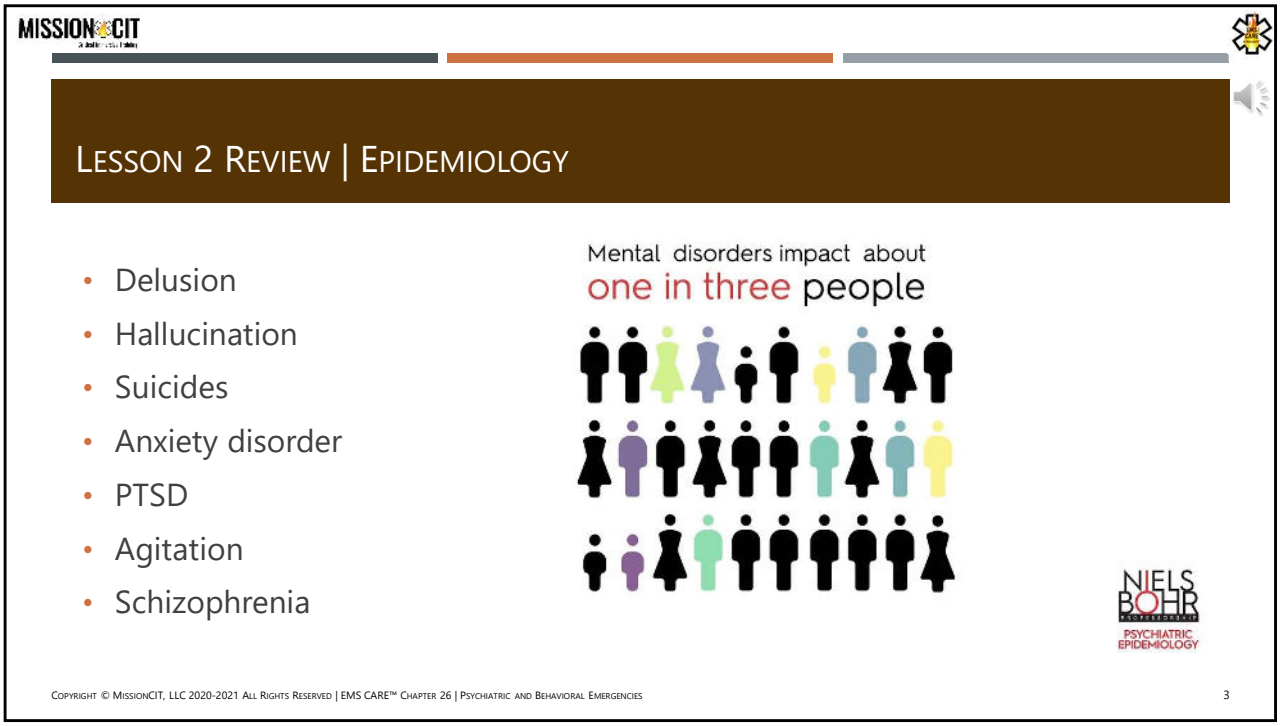


In the first lesson, we talked about some basic definitions and terminologies.

The first definition was behavior, which is defined as the response of an individual, group, or species to the internal and external environment.

The second is psychiatric disorder which is a medical problem that involves big changes in the thoughts, emotions, and behavior of individuals. It creates distress in individuals and leads to problems in social, work, and family activities.

The final definition is behavioral emergency, which is a situation where an individual is capable of harming self and the others around. It also includes situations where an individual's actions are unacceptable to the family or community, and requires assessment and treatment in a safe and therapeutic setting. In this situation, the patient may seem confused, and can have an altered mental status.



In the second lesson, we saw the epidemiology of different psychiatric disorders.

- A delusion is a mental disorder where a patient has a false belief based on a distorted or incorrect interpretation of reality.
- A hallucination is a perception of a sensory experience that is not real, but is created by a person's mind.
- Suicides include communicating an intent to cause harm, committed a harm, or is dead because of it
- Anxiety disorder is a persistent negative response to

stress

- A post traumatic stress disorder, or PTSD in short, is a condition where a patient has not yet recovered from a terrifying or life-altering experience.
- Agitation is a state of intense excitement or restlessness that can be a response to a particular situation or could be a symptom of an underlying medical condition.
- Schizophrenia as a mental disorder that is characterized by delusions, hallucinations, troubled thought, inability to focus or think clearly, having a disconnect between perception and reality, and disorganized speech.

Regardless of the disorder, there are some general guidelines you must follow. First off, your safety Is the highest priority, so wear PPE, size up the scene, and call for help if needed. Assess the situation for the most appropriate care, be empathetic and sensitive, and document extensively.

Lesson 3 Review | Assessment

- Evaluate the appearance
- Listen to the speech
- Gait and posture
- Mental status examination
- Mood swings
- Memory loss and attention span
- Perceptions and confusions



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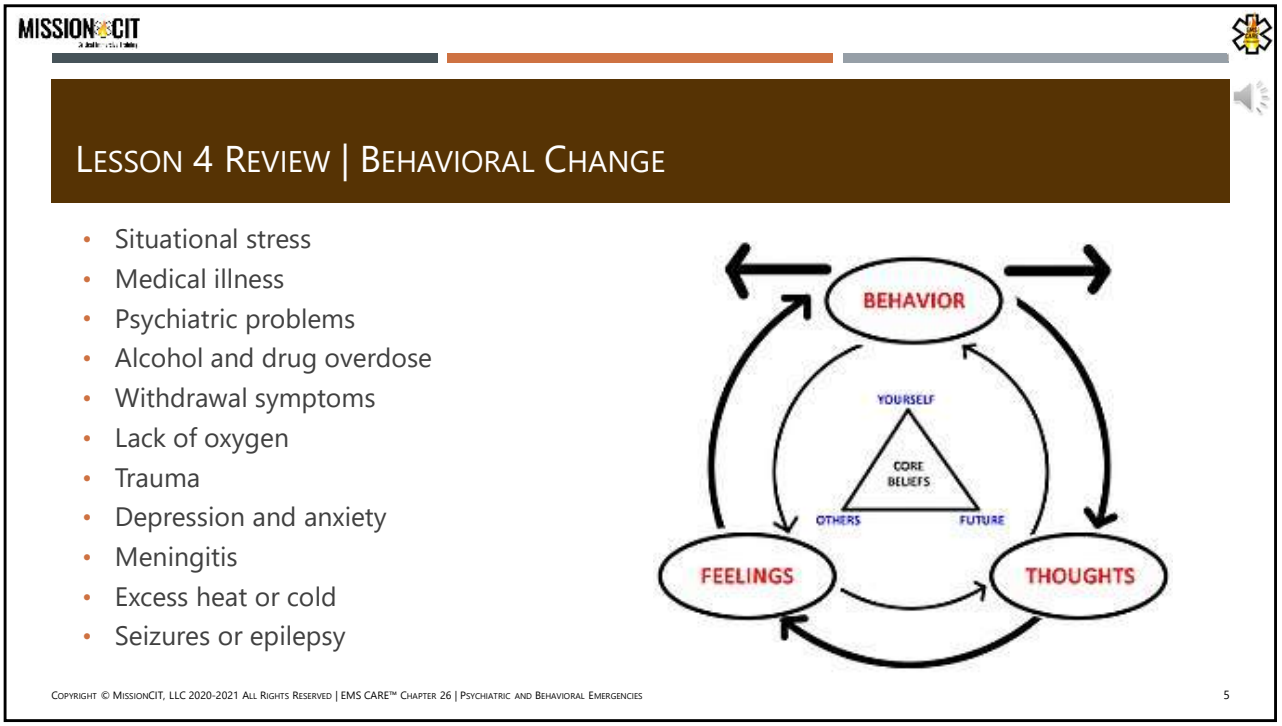
In the third lesson, we talked about different ways to assess a patient, so you can decide the next course of action.

First off, look at a person and evaluate if he or she is clean and wearing decent clothes. Next, talk to the person and assess the ability of the person to speak clearly. Also, closely look at the gait and posture, as it can tell you a lot about a person.

While seeing all this, get ready to do a mental status examination, a comprehensive series of tests, that can

reflect the current mental health of a person.

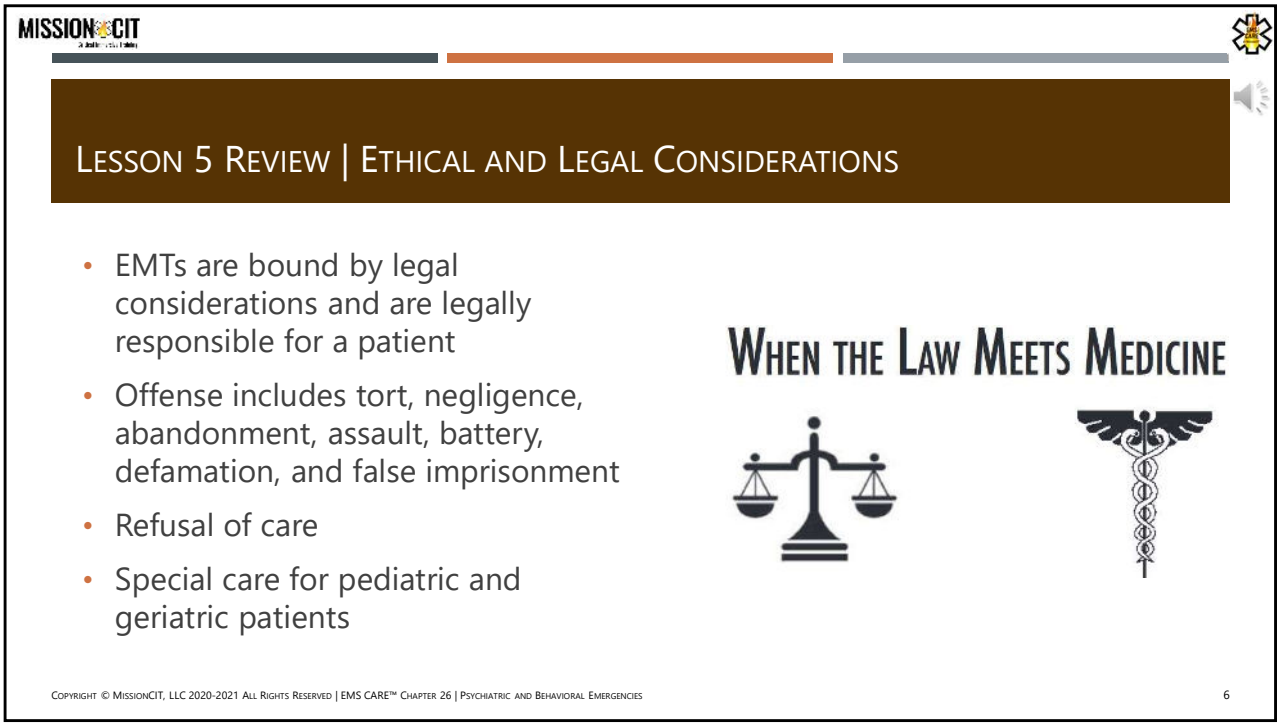
At the same time, watch out for mood swings, sudden changes in thoughts and perceptions, confusions, memory loss, and attention span. Based on these different aspects, determine what a person is suffering from, and decide what you can do next.



The next lesson was about the factors of behavioral change where we discussed how the different situations or aspects can cause sudden behavioral changes in individuals.

- A situational stress is a stress that a patient develops after a specific event or situation like a trauma.
- Medical illnesses like tumors in the central nervous system, stroke, migraine, endocrinal disorders, and HIV. In some cases, the medication taken to address these physical illness can lead to psychiatric disorders like depression.

- Psychiatric problems like confusions, delirium, hallucinations, extreme mood swings, random and unpredictable behavior, and bipolar disorders
- Alcohol and drug overdose
- Withdrawal symptoms
- Lack of oxygen
- Trauma
- Depression and anxiety
- Meningitis
- Excess heat or cold
- Seizures or epilepsy



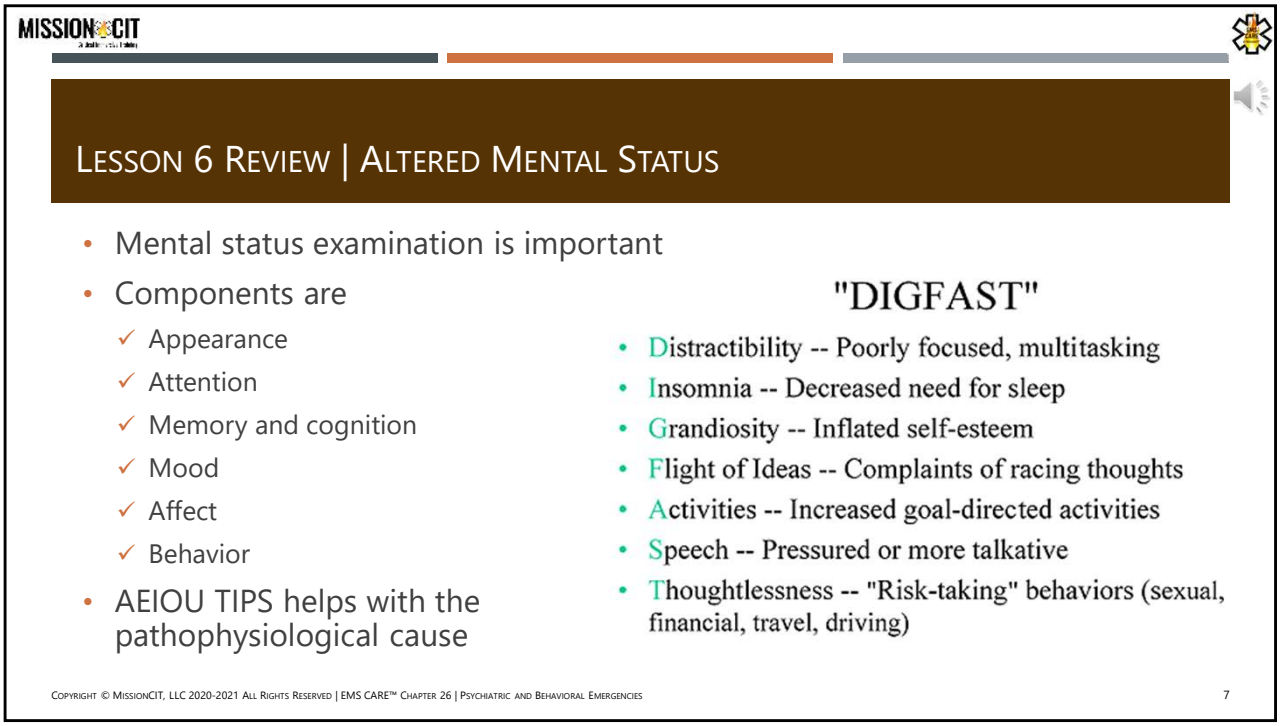
The fifth lesson was about the legal and ethical aspects to consider while handling psychiatric and behavioral emergencies.

The law requires every EMT who is on-duty to care for a patient who needs it and consents to it, and this EMT is legally responsible for the patient until care is transferred to another caregiver. An EMT is considered to have committed an offense when a wrong act is committed intentionally, was negligent, abandoned the patient while on duty, assaulted, falsely imprisoned, or defamed a person.

That said, a patient can explicity refuse care provided he or she is competent to understand, is in a capacity to make a decision, and understands the risks and benefits of refusing care. Still, the EMT must persuade to accept care, and if nothing works, get a refusal or care signed by the patient.

When a patient exhibits an altered mental status, and is likely to harm self and others, a restraint may be necessary to protect the patient and others. However, restraint should be done in a humane manner and must be used only as a last resort. Take additional care while handling pediatric and geriatric patients.

Above everything, follow ethical principles, and do what is best for the patient.



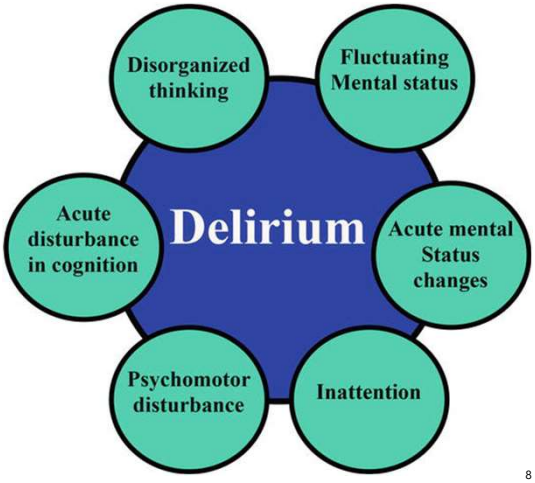
In the next lesson, we delved deep into the importance of mental status examination and the process of doing it.

Mental status examination consists of many components such as level of consciousness, attention, short-term and long-term memory, cognitive ability, mood, affect, behavior, and appearance. Remember the mnemonic AEIOU TIPS to understand the pathophysiological causes of psychiatric and behavioral emergencies.

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LESSON 7 REVIEW | DELIRIUM

- Acute, transient, and usually reversible change in attention, cognition, and consciousness
- Do a mental status examination
- Examine the patient's history and talk to family members and caregivers
- Call for help if the patient seems aggressive



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The next lesson was about delirium. an acute, transient, usually reversible, fluctuating disturbance in attention, cognition, and consciousness levels. It can occur at any age, but is more likely among older people. It can also be caused by acute physical illness, drug toxicity, alcohol withdrawal, surgery, infections, and even dehydration.

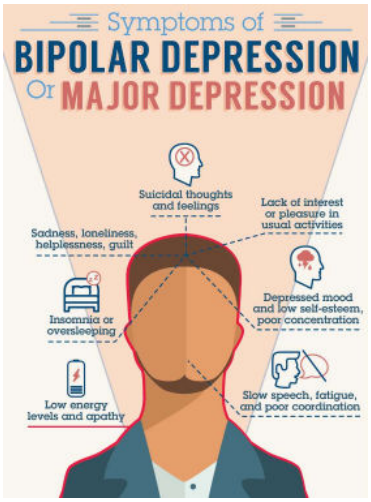
An important condition to watch out for is excited delirium. It is a sudden condition characterized by agitation, aggression, acute distress, and even sudden death. All of this can happen in a prehospital setting, so as soon as you identify it, call for advanced life support

immediately.

Even if the signs of delirium are obvious, it still makes sense to do a mental status examination to get a comprehensive diagnosis. Examining the patient's history and talking to family members and caregivers can give insights into the patient's mental condition. When a patient exhibits all the symptoms of delirium, call for help right away. If the patient seems aggressive and violent, never hesitate to reach out to law enforcement.

Lesson 8 Review | Suicides

- Two common causes of suicide – depression and bipolar disorder
- Depression is a broad mental illness caused by many factors
- Bipolar is characterized by bouts of mania and depression
- Gain trust and establish an emotional connection
- Attempt verbal de-escalation
- Check vitals and call for emergency
- Reach out to law enforcement



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In the last lesson, we talked about suicides. A CDC survey states that 0.5 percent of adults have made at least one suicide attempt, and this translates to about 1.4 million adults.

The two most common causes of suicide are depression and bipolar disorder. Depression is a broad mental illness that affects more than 18 million people in the United States. Bipolar disorder is another possible cause of suicide. There are many variations in bipolar, and out of these, two forms are considered to be suicidal.

The first is bipolar I that is characterized by one or more

mixed emotions that includes a maniac and depressive episode. The second variation is bipolar II that is characterized by at least one hypomanic and one or more major depressive episodes.

Look for signs and symptoms of depression like prolonged sadness or loneliness, financial problems, abuse, loss of loved ones, and other factors. Also evaluate if the person is suicidal, and if so, talk to them about it. Refer them to the nearest hospital that has mental care services to reduce the chances of suicide.

In general, if a person talks about committing suicide and has already planned for it, your best option is to connect with that person at an emotional level, and engage in verbal de-escalation. It becomes all the more complicated in case of teen suicides. So, make sure you gain the patient's trust at the earliest, so a verbal de-escalation becomes possible.

Sometimes, a person may have already committed suicide before you reach the scene. In that case, call for emergency help right away. And if a person has already died, inform law enforcement.

With this, we come to the end of the chapter review. You should now proceed to take the quiz.