Behavioral Issues…You think?

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Pulse Check Conference

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"You've got two options, bud. Mercy Hospital is 20 minutes closer, but the nurses at Saratoga Hospital are really hot."

How Safe Are We?

May 23, 2009

- 29 Year old male – Obviously distraught
- Appleton Police Department, WI

http://www.youtube.com/watch?v=HfEepVOQrpE&feature=player_detailpage#t=6

Four Factors that influence a behavioral issue:

SUBSTANCE ABUSE

MENTAL ILLNESS

MEDICAL CONDITION

SITUATIONAL STRESS

What is Behavior?

- The manner in which a person acts or performs; any or all activities or a person, including physical and mental activity.

Is it all verbal?

- No!

  It can be verbally expressed, demonstrated in the past or behaviorally shown.

What is a Behavior Emergency?

A situation where the patient exhibits abnormal behavior within a given situation that is unacceptable or intolerable to the patient, family or community. The behavior can be due to a psychological or physical condition such as lack of oxygen or low blood sugar.

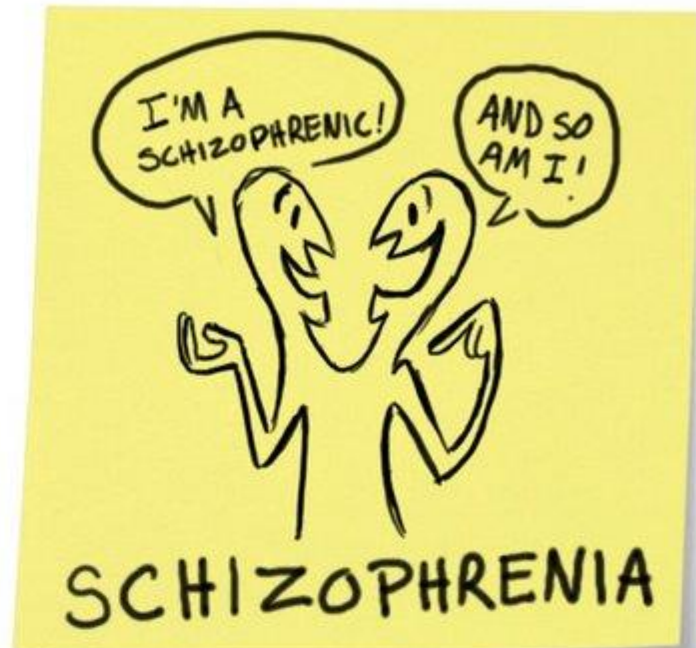
Specific Behavioral/ Psychiatric Disorders:

- <u>Organic Etiology:</u>
  - Low blood sugar (diabetes)
  - Infections
  - Lack of oxygen
  - Inadequate blood flow to the brain
    - CVA, Tumor
  - Head trauma
  - Mind altering substances
  - Delirium or Dementia
  - Excessive cold or heat

Specific Behavioral/ Psychiatric Disorders

- Schizophrenia
  - Gross distortion of reality which results to withdrawal from social interaction.

Could have delusions, hallucinations, disorganized speech. High risk for suicidal and homicidal behavior if severe enough.



Specific Behavioral/ Psychiatric Disorders:

Anxiety Disorders:

- Affects 2-4% of our population – Fears and worries dominate psychological life
- Panic Disorders:
  - Chest tightness, SOB, Hyperventilation, palpitations, dizziness, sweating
- Phobias:
  - Exaggerated, sometimes disabling, frequently inexplicable fear
- Post Traumatic Syndrome:
  - Anxiety reaction to a severe psychological event

Specific Behavioral/ Psychiatric Disorders:

- **Mood Disorders:**

Depression:

- Effects 10-15% of general population
- Can be gradual or acute
- Major cause of suicide - 15% risk
- Chest tightness, SOB, Hyperventilation, palpitations, dizziness, sweating

Signs & Symptoms of Depression:

Persistent, unrelenting sadness, inability to experience pleasure, loss of normal activity, sleep disturbances, loss of appetite, agitation or retardation

Psychological Crises:

- Panic
- Agitation
- Bizarre thinking and behavior
- Danger to self – self destructive behavior, suicide
- Danger to others – threatening behavior, violence

Assessment of the Suicidal Patient

- Depression or high stress levels.
- One of the leading causes of death in 15-45 year olds.
- Women attempt more than males but men tend to succeed more.
- Older men above 55 are most likely to succeed.
- Alcohol or drug abuse involved.
- A defined lethal plan of action.
- Gathering articles capable of causing death (gun, pills, etc.)

Assessment of the Suicidal Patient (cont)

- Previous history of self-destructive behavior
- Recent diagnosis of serious illness
- Recent loss of loved one
- Arrest*, imprisonment*, loss of job
- Sudden improvement from depression

Actual Suicide

Actual Suicide

Scene Safety of the Suicidal Patient

- Scene size up - Code word?
- Patient assessment
- Calm the patient - DO NOT leave them alone
- Restrain if necessary - Law Enforcement?
- Transport
- If Overdose…BRING MEDS!

HOW ABOUT SOME OF THAT NARCAN?

Suicidal Patient Contact

- Remove or get in way of unsafe objects.
- Determine the suicidal tendencies.
- Is the patient a threat to self or others?
- Is their an underlying medical problem?
- Has anyone sought interventions?

Medical/Legal Considerations

- Any emotionally disturbed person (EDP) who consents to your care will greatly reduce your liability.

How to handle a resisting patient:

- You must show a reasonable belief the patient will harm self or others

  If so…consent is not needed!
- Contact law enforcement.

How Much Force?

- Reasonable amount to avoid the undesired suicidal threat.

- BE AWARE…some combative & aggressive moments result in a calm moment only to return to another aggressive moment resulting in injury.
- Avoid anything that can harm the patient!

Protect Yourself

- Document, document, document!
- Have a witness.

- Accusing statements is normal for an EDP. Be prepared and try get the help you need: same sex witnesses, 3rd party witnesses, etc.

Assessing for Potential Violence

- Assess history of aggression, combativeness, suicidal tendencies.

Look for

body behavior!

- Listen to vocal activity, inflection, content.

- Look at physical activities – moving away or towards you. Threatening with object in hand, quick irregular movements?

Example....

I need a volunteer!

Methods to Calm the Patient

- Acknowledge their current state.
- Reassure them you are there to help.
- Ask calm, reassuring questions.
- Maintain a comfortable distance.
- Encourage them to talk.
- Do not make quick movements.
- Honestly respond to them.
- Respect!

Methods to Calm the Patient

- DO NOT threaten, challenge or argue with them (highly escalating situation).
- Tell the truth.
- DO NOT “play along” with any of their visual or auditory disturbances.
- Involve trusted family members.
- Be prepared to stay on scene a long time.
- Avoid unnecessary contact.
- Use GOOD EYE contact!

General Care: Agitated Patient Restraint / Excited Delirium

Criteria

- For agitated patients at risk of causing physical harm to emergency responders, the public and/or themselves

EMT

- Call for Law Enforcement
- ABC and vital signs as tolerated
- Airway management and appropriate oxygen therapy, if tolerated
- Check blood glucose level, if equipped and tolerated. If level is abnormal refer to Diabetic Protocol

INTERMEDIATE

- Vascular access if possible and safe for provider

CCT

PARAMEDIC

- Patient AGE less than 70: Midazolam (Versed) 2.5mg IV or 5 mg IM or IN may repeat once in 5 minutes

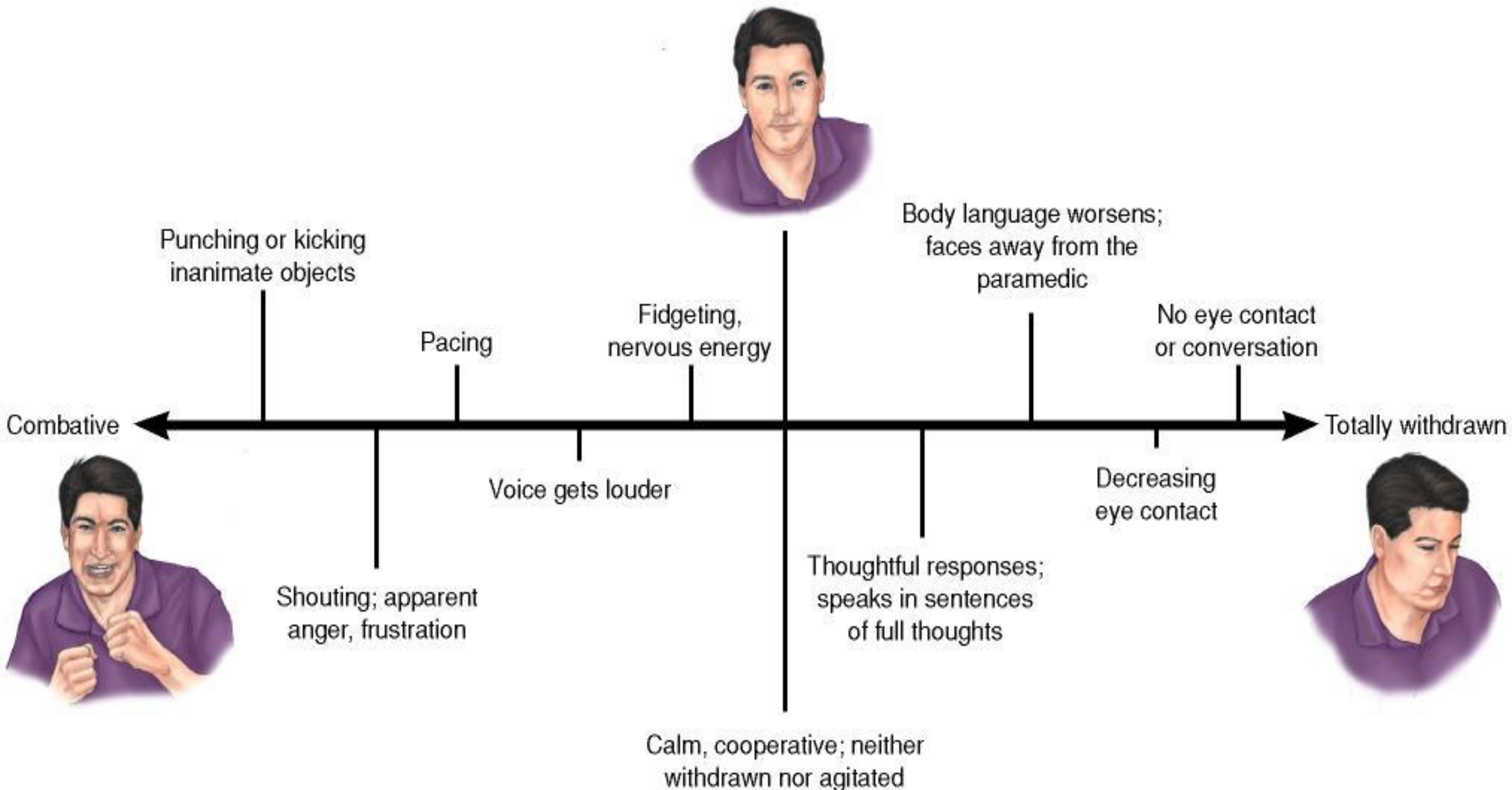
PHYSICIAN OPTIONS

- Additional Midazolam (Versed) 2.5 – 5 mg IV, IM or IN

Key Points/Considerations

- **Patient must NOT be transported in a face-down position**
- If agitated patient goes into cardiac arrest, consider possibility of acidosis, and administer Sodium Bicarbonate as part of initial resuscitation
- Verbal de-escalation of situation should be attempted prior to chemical restraint
- A team approach should be attempted at all times for the safety of the patient and the providers
- If the patient is in police custody and/or has handcuffs on, a police officer should accompany the patient in the ambulance to the hospital
- EMS personnel may only apply "soft restraints" such as towels, cravats or commercially available soft medical restraints
- All uses of this protocol must have review by the Regional QI Coordinator and the Agency Medical Director

Management of Behavioral Emergencies



Restraining Patients

Goals:

1) Do not cause injury
2) Allow for monitoring of vital signs
    a) respiratory effort
    b) pulse oximetry
    c) perfusion
3) Allow for pertinent assessment
    ex: finger stick
        ECG
4) Allow for reaction to airway problems
    ex: emesis

Patient Restraint

Patient Restraint

- Tactics:
    1) Verbal de-escalation
    2) Avoid invasion of personal space
    3) Beware of body language
    4) One primary communicator
    5) Empathetic listening
    6) Set limits

Patient Restraint

- Tactics:

  Judge capacity of patient to understand your communication.

  Do they have the capacity to give informed consent to treatment or refuse medical assistance?

  Does the patient understand the risks of refusing treatment/transport?

  Have you made the risks clear and explained the consequences?

Restraining the Unarmed Patient

- Plan your approach to the patient.

Restraining the Unarmed Patient

- Assign one rescuer to each limb.

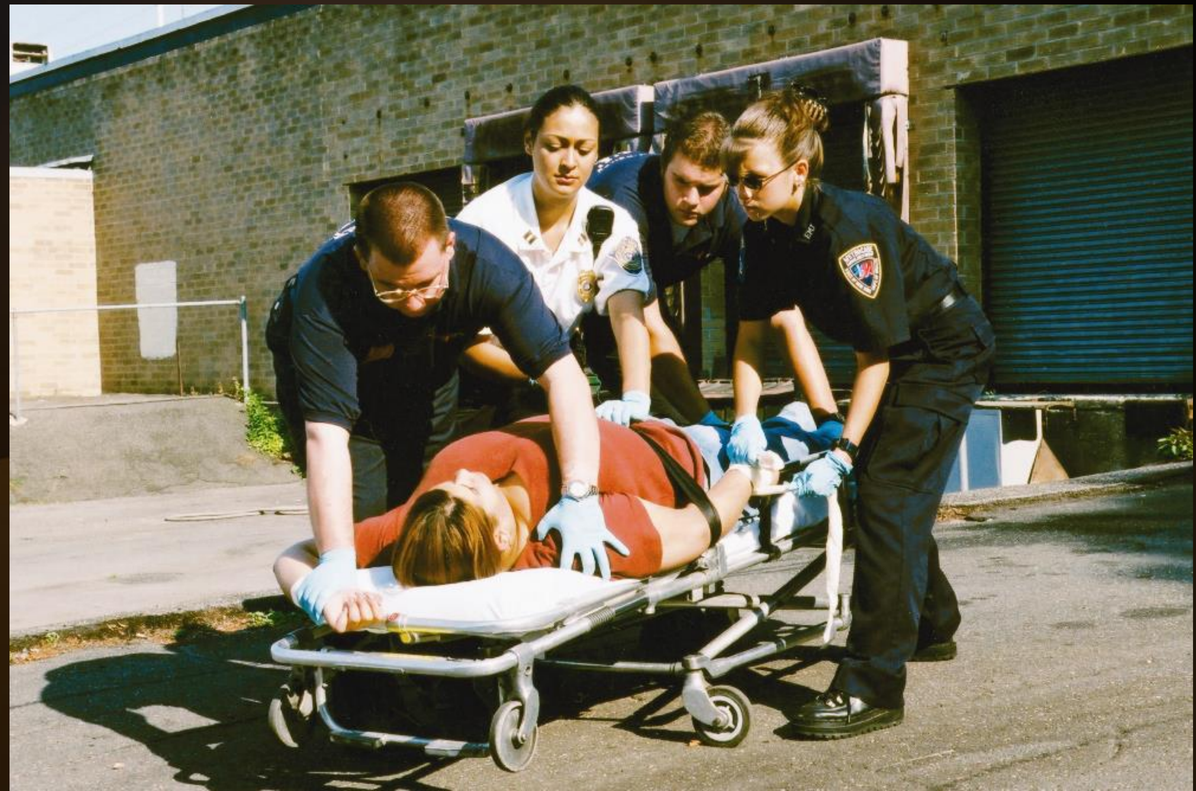
- Keep communicating with the patient.

Restraining the Unarmed Patient

- Once patient is restrained, move patient to a supine position on the stretcher and secure.

Positioning and Restraining Patients for Transport

- Use soft restraints to secure the patient.



Positioning and Restraining Patients for Transport

- Continually reassess and monitor the patient’s airway, breathing, and distal circulation.
  - Be alert for signs of positional asphyxia.
  - Never hog-tie or use hobble restraints.
- Chemical restraint available?

Patient Restraints

- Equipment choices:
  1) "Soft devices" preferred
  2) Pillowcases, towels etc.
  3) Cervical immobilization device
  4) Backboard, scoop, reeves
  5) Padding
  6) NRB with oxygen, face mask?

Patient Restraints

Cautions!

1) Handcuffs
   [key issues, soft tissue injury]
2) Reassess distal circulation
3) “Sandwich” position
4) Use of oxygen tubing, tape, etc.
5) Know your local medical control directives

Patient Restraint

- Controversial: Positional Asphyxia

  Theory that body position during restraint that restricts excursion of chest wall may result in respiratory arrest and subsequent cardiac arrest.

Positional Asphyxia?

Patient Restraint?

Questions, Comments or Concerns?

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Thank You!

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