



Emergency Medical Training Services

Emergency Medical Technician – Basic Program Outlines

Outline Topic: Behavioral

Revised: 11/2013

DEFINITIONS:

- Behavior - how a person functions or acts in response to his or her environment.
- Behavior (psychotic) crisis - any reaction to events that interferes with the activities of daily living.

Example - the behavior doesn't fit the situation. For example hitting a wall and breaking your hand. Is

this appropriate behavior? By definition we are all psychotic because we have all met this definition. It

is when your safety or others are being affected when it is a crisis.

Foundation / Causes of Psychotic Emergencies:

- Function disorder - no known physiologic reason for the abnormal functioning of an organ or organ system. Like a computer with a virus. It works but has problems.
- Mental disorder - an illness with psychological or behavioral symptoms that may result in an impairment in functioning. Child abuse and your brain protect the memories. Blocking out the stress of Vietnam for vets.
- Organic brain syndrome - temporary or permanent dysfunction of the brain due to chemical imbalances, most common.

SAFETY FACTORS:

- Be prepared to spend more time. This is mental not physical.
- Have a definite plan of action.
- Identify yourself calmly.
- Be direct, state your intentions.
- DO NOT SUPPORT FALSE STATEMENTS. The patient says he sees the devil. Don't say yes I see him to.
- Assess the scene. Look for guns, knives, fists that might hit you.
- DO NOT LEAVE THE PATIENT ALONE. Even go to the bathroom with them.
- Encourage purposeful movement, help the patient get dressed and gather belongings. Give them some ownership in the call.
- Express interest in the patient's story. Reflective listening. Listening to them may be the only way to help them. This is mental not physical.
- Do not get too close to the patient, everyone needs personal space.
- Avoid fighting with the patient. Slow down things. Do not trigger them. Take your time.
- Be honest and reassuring.
- Do not judge. Some of these people are very sick. This is not joke like on Law and Order.
- KEEP YOUR BACK TO THE DOOR. ALWAYS HAVE A WAY TO RUN IF PATIENT GOES OFF. IF THEY RUN DO NOT CHASE THEM. THIS CAN CAUSE MORE HARM. LET THE COPS GET THE PATIENT.

SUICIDE RISK FACTORS:

- The number one cause of suicide is depression.
- Previous suicide attempts.
- Sense of hopelessness and helplessness. Last feeling expressed before attempting.
- Loss of a spouse, significant other, family member, or support team.
- Giving personal items away.
- A plan of how they will commit suicide and you think, damn that's a good idea it just might work.
- Financial setback, loss of a job, police arrest.
- Substance abuse, particularly with increasing usage.
- Anniversary of death of loved one, job loss, marriage, etc.

CONSENT:

- When a patient is not mentally competent to grant consent for emergency care, the law assumes that this is implied consent.
- If the patient is competent EMS call restrain the patient against their will. You must prove immediate physical damage to self, others or the environment. Example. Going to jump, going to hurt someone, or spreading gas in the house. Must prove immediate physical damage.
- Try to have police available at scene if time permits.

- If no immediate physical injury is suspected must follow actual consent and grant refusal.
- Example: Patient said they took pills to friend. Friend calls 911. The patient says I did not take pills. It is a judgment call. Let them refuse. No immediate S/S to support the story, let them go if competent.

RESTRAINT:

- If you restrain a patient without authority in a non-emergency physical situation, you expose yourself to possible lawsuits. Must justify immediate danger to self or others.
- Legal action against the EMT can involve charges of assault, battery, false imprisonment, and violation of civil rights.
- You may use restraints only to protect yourself, others, and the patient from doing bodily harm.
- When restraining contact medical control and, if needed, contact law enforcement for help before restraining.
- If a patient is spitting, place a surgical mask over his or her mouth. Do not place prone. Airway is more important than spit.
- At least four people should be present to carry out the restraint, each being responsible for one extremity.
- The restrains you use should be soft, wide leather or cloth. Not like the police. No hand cuffs, no zip ties

- Monitor the patient for vomiting, airway obstruction, and cardiovascular stability, since they cannot fend for themselves. If they vomit supine you must untie them to turn them to the side. The head will not rotate far enough to clear the airway.
- MAKE SURE YOU MAKE FREQUENT PMS CHECKS ON ALL RESTRAINED EXTREMITIES.
- After restraining the patient, document the reason why and the method you used. Also need medical permission to continue restraint once emergency situation is stabilized.
- When securing restraints must tie to bed frame and not side rails. The side rails must always move to provide care.
- IF YOU GRADUATE FROM THIS SCHOOL - NO PSYCH PERSON WALKS TO THE AMBULANCE. STRAP THEM INTO THE WHEELED STRETCHER. SAFETY FIRST ALSO ELOPEMENT RISK REDUCED.

THE POTENTIALLY VIOLENT PATIENT:

- Use the following list of risk factors to assess the level of danger:
- Past history - overly aggressive, violent, hostile.
- Posture - rigid, tense, sitting on the edge of the seat.
- The scene - patient holding a knife, gun, glass, poker, or bat, near a window or glass door.
- Physical activity - tense muscles, clenching fists, or glaring eyes, pacing, cant sit still.

Psychiatric Behaviors - myths

- The word psychotic is a generic term. No person is diagnosed as psychotic. You need to define the psychotic behavior.
- Schizophrenia is not a diagnosis word. It is a cop out the doctors use when they cannot find any reason for the behavior. There are over 50 types of schizophrenia. You need to be more specific.

SCHIZOPHRENIA IS A REGRESSION TO PRIOR BEHAVIORS. - MEANS NOTHING ALONE AS A WORD.

Delirium/Delusional - False belief. I am superman. If I jump off the building I will fly.

Hallucinations - Seeing a false belief. It is a delusional hallucination - I see the devil in the corner of the room.

Dementia - As you get older you forget things. This is a simple part of life. These people are not psychotic. This is a normal part of getting older.

Alzheimer's - Chemical imbalance of brain forgetting common things. Short and long term memory. This is a mental problem. Many confuse dementia and Alzheimer's. Forget family members, name, etc...

Paranoia - Superstitious. A baseball player who has to wear the same underwear to win. Cannot eat out of open containers because of germs.

Depression - Loss of interest of something they once liked. If they like to place the piano daily and stop. Like going to work and stop. Not just being sad. Have to loose something.

Manic - "wired" don't sleep. We give these people chores. Set the table. They cannot rush or they will break something. Color in the lines. Makes them slow down.

Bipolar - Go from periods of Depression to Manic.

Obsessive Compulsive Disorder (OCD) - Got-a-have-it, got-a-do-it. Washing hands 100 times a day.

Grandiose Behavior - Makes things sound better than they are. A used car salesman.

Post-traumatic syndrome - Nightmares of the past. War vets. Abused people. Bad memories.

Anorexia - Will not even eat. Skin and bones. Most likely afraid of being fat. Kills liver over time.

Bulimia - Eat and vomit. Like to eat then vomit.