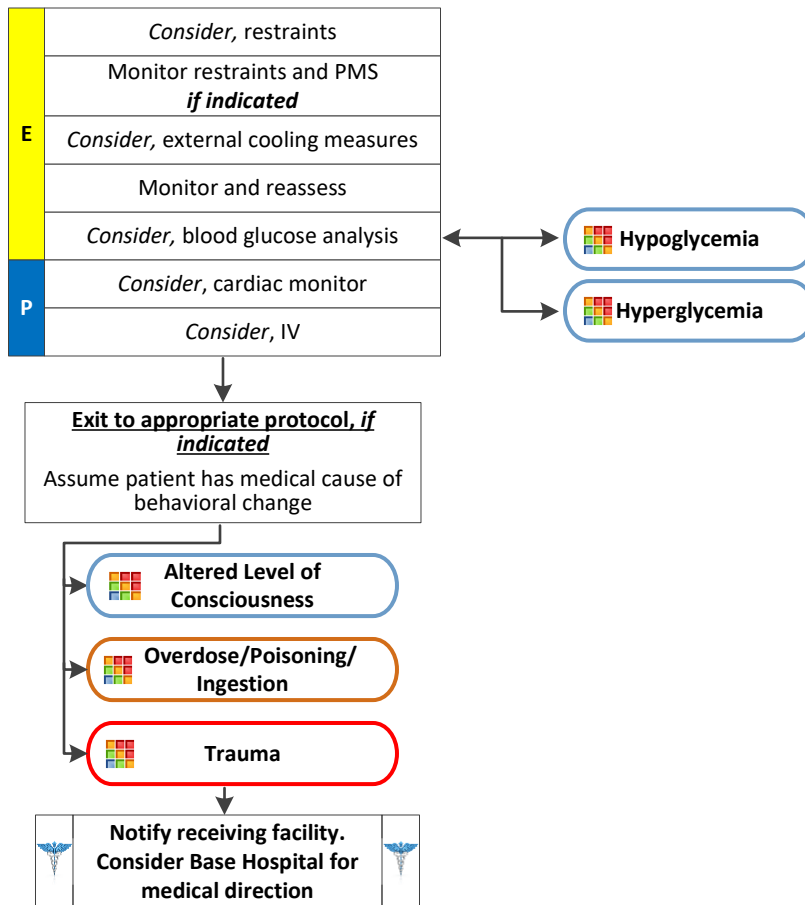


Behavioral/Psychiatric Crisis

For psychiatric crisis that is the primary problem. NOT for anxiety/agitation secondary to medical etiology, use primary impression related to medical issue

<p>History</p> <ul style="list-style-type: none"> Situational crisis Psychiatric illness/medications Injury to self or threats to others Medical alert tag Substance abuse/overdose Diabetes 	<p>Signs and Symptoms</p> <ul style="list-style-type: none"> Anxiety, agitation or confusion Affect change or hallucinations Delusional thoughts or bizarre behavior Expression of suicidal/homicidal thoughts 	<p>Differential</p> <ul style="list-style-type: none"> Altered mental status Alcohol intoxication Toxin / substance abuse Medication effect/overdose Withdrawal symptoms Psychiatric (eg. Psychosis, Depression, Bipolar etc.) Hypoglycemia
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Pearls

- Crew/responder safety is the main priority.
- Any patient who is handcuffed by Law Enforcement and to remain handcuffed and transported by EMS must be accompanied by Law Enforcement in the ambulance.
- All patients who receive physical restraint must be continuously observed by EMS personnel. This includes direct visualization of the patient as well as cardiac and pulse oximetry monitoring.
- Consider all possible medical/trauma causes for behavior (e.g., hypoglycemia, overdose, substance abuse, hypoxia, seizure, head injury, etc.).
- Do not overlook the possibility of associated domestic violence or child abuse.
- Do not position or transport any restrained patient in a way that negatively affects the patient’s respiratory or circulatory status (e.g., hog-tied or prone). Do not place backboards, splints, or other devices on top of patient.
- If restrained, extremities that are restrained will have a circulation check at least every 15 minutes. The first of these checks should occur as soon after placement of the restraints as possible and shall be documented in the PCR.

Adult Behavioral Treatment Protocols