

# Pediatric 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

### History

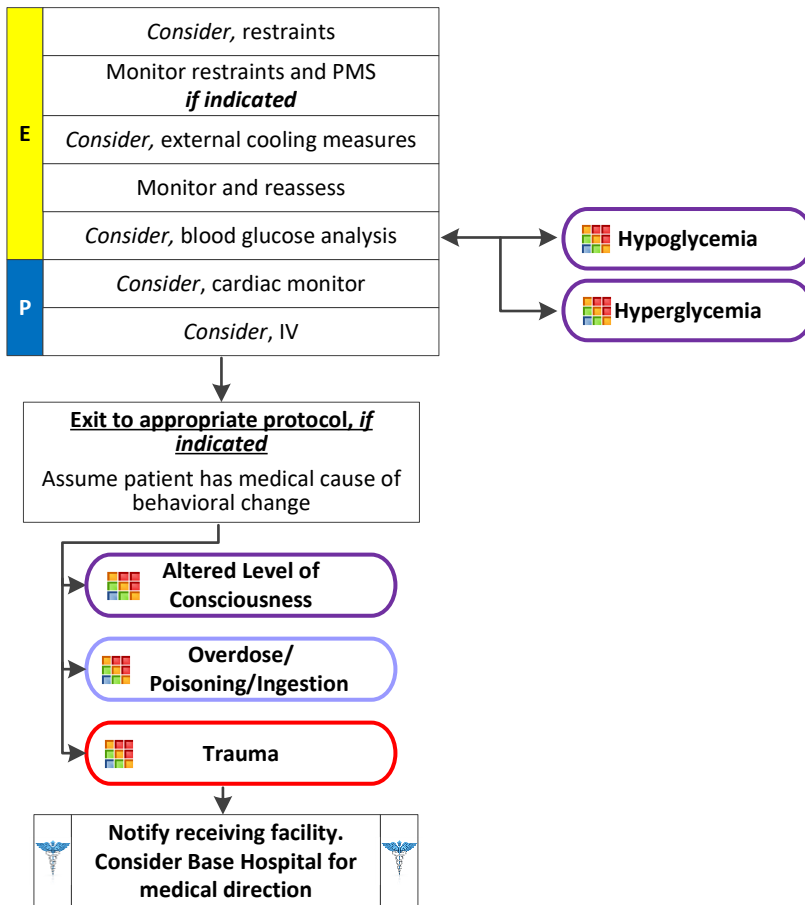
- Situational crisis
- Psychiatric illness/medications
- Injury to self or threats to others
- Medical alert tag
- Substance abuse/overdose
- Diabetes

### Signs and Symptoms

- Anxiety, agitation or confusion
- Affect change or hallucinations
- Delusional thoughts or bizarre behavior
- Expression of suicidal/homicidal thoughts

### Differential

- Altered mental status
- Alcohol intoxication
- Toxin / substance abuse
- Medication effect/overdose
- Withdrawal symptoms
- Psychiatric (eg. Psychosis, Depression, Bipolar etc.)
- Hypoglycemia



### 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.

