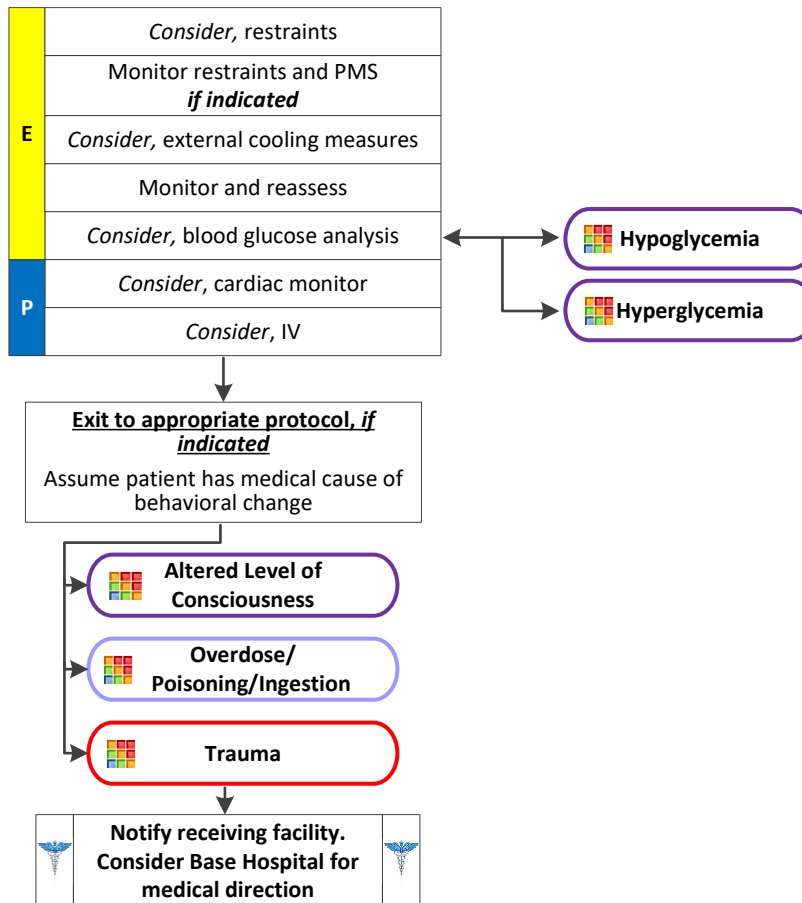


Pediatric Behavioral/Psychiatric Crisis

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

<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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Pediatric Behavioral Treatment Protocols

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.