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UNIT TERMINAL OBJECTIVE

5-9 At the end of this unit, the EMT-Critical Care Technician student will be able to utilize assessment findings to form a field impression and implement a management plan for patients with behavioral emergencies.

COGNITIVE OBJECTIVES

At the completion of this unit, the EMT-Critical Care Technician student will be able to:

5-9.1 Distinguish between normal and abnormal behavior. (C-1)
5-9.2 Discuss the pathophysiology of behavioral emergencies. (C-1)
5-9.3 Discuss appropriate measures to ensure the safety of the patient, EMT-Critical Care Technician, and others. (C-1)
5-9.4 Identify techniques for a physical assessment in a patient with behavioral problems. (C-1)
5-9.5 Describe therapeutic interviewing techniques for gathering information from a patient with a behavioral emergency. (C-1)
5-9.6 List factors that may indicate a patient is at increased risk for suicide. (C-1)
5-9.7 Describe circumstances in which relatives, bystanders, and others should be removed from the scene. (C-1)
5-9.8 Describe medical/ legal considerations for managing a patient with a behavioral emergency. (C-1)
5-9.9 List situations in which the EMT-Critical Care Technician is expected to transport a patient against his will. (C-1)
5-9.10 Describe methods of restraint that may be necessary in managing a patient with a behavioral emergency. (C-1)
5-9.11 Formulate a field impression based on the assessment findings for patients with behavioral emergencies. (C-3)
5-9.12 Develop a patient management plan based on the field impression for patients with behavioral emergencies. (C-3)

AFFECTIVE OBJECTIVES

At the completion of this unit, the EMT-Critical Care Technician student will be able to:

5-9.13 Advocate for empathetic and respectful treatment for individuals experiencing behavioral emergencies. (A-3)

PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the EMT-Critical Care Technician student will be able to:

5-9.14 Demonstrate safe techniques for managing and restraining a violent patient. (P-1)

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DECLARATIVE

I. Introduction
- A. Behavior
  - 1. How a person acts
  - 2. Concept of normal behavior
    - a. Disagreement exists over what is “normal”
    - b. No clear definition or ideal model
    - c. Ideas of normal vary by culture/ ethnic group
    - d. Society accepts it
  - 3. Concept of abnormal behavior
    - a. Maladaptive behavior is more useful term
    - b. Deviates from society’s norms and expectations
    - c. Interferes with well being and ability to function
    - d. Harmful to individual or group
  - 4. Concept of behavioral emergencies
    - a. Unanticipated behavioral episode
    - b. Behavior that is threatening to patient or others
    - c. Requires immediate intervention by emergency responders (police, EMS, etc.)
- B. Behavioral emergencies
  - 1. Description
    - a. Covers a broad range of behavioral and psychiatric disorders of varying severity
    - b. Group of disorders characterized by abnormal or maladaptive behavior
      - (1) Disturbance in normal functioning
      - (2) May be caused by emotional or physiologic conditions
      - (3) Create undesirable consequences
  - 2. Epidemiology
    - a. Serious mental health problem
    - b. Incapacitates more people than all other health problems combined
  - 3. Common misconceptions
    - a. Abnormal behavior is always bizarre
    - b. All mental patients are unstable and dangerous
    - c. Mental disorders are incurable
    - d. Having a mental disorder is cause for embarrassment and shame

II. Pathophysiology
- A. Causes of behavioral emergencies
  - 1. Biological/ organic
    - a. Diseases and toxins
    - b. Heredity
  - 2. Psychosocial
    - a. Childhood trauma
    - b. Parental deprivation
    - c. Dysfunctional family structure
  - 3. Socio-cultural
    - a. Environmental violence
    - b. Death of a loved one
    - c. Economic/ employment problems
    - d. Prejudice and discrimination

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III. Assessment
- A. Scene size-up
  - 1. Determine if a violent or potentially unsafe situation exists
    - (1) Highest priority
    - (2) Consider need for assistance from public safety personnel
    - (3) Avoid becoming a victim
  - 2. In the absence of obvious danger, observe the scene for information to assist with patient assessment and care
    - a. Look for information to assist with patient assessment and care
      - (1) Signs of violence
      - (2) Evidence of substance abuse
      - (3) General environmental condition
- B. Initial assessment
  - 1. Limit number of people around patient, isolate patient if necessary
  - 2. Stay alert to potential danger
  - 3. Determine presence of life-threatening medical conditions
    - a. Rapid assessment of ABC's with intervention if required
  - 4. Observe overt behavior (affect) of patient and body language (posture, gestures, etc.)
    - a. Note evidence of rage, elation, hostility, depression, fear, anger, anxiety, confusion, etc.
- C. Focused history and physical examination
  - 1. Remove patient from crisis or disturbing situation
  - 2. Center questions on immediate problem
  - 3. Establish rapport
    - a. Utilize therapeutic interviewing techniques
      - (1) Engage in active listening
      - (2) Be supportive and empathetic
      - (3) Limit interruptions
      - (4) Respect patient's territory, limit physical touch
    - b. Avoid threatening actions, statements, and questions
    - c. Approach slowly and purposefully
  - 4. Evaluate the potential for suicide
    - a. Factors increasing risk
      - (1) Recent depression
      - (2) Recent loss of family or friend
      - (3) Financial setback
      - (4) Drug use
      - (5) Detailed plan
  - 5. Note assessment findings
    - a. Physical/ somatic complaints
    - b. Intellectual function
      - (1) Orientation
      - (2) Memory
      - (3) Concentration
      - (4) Judgment
    - c. Thought content
      - (1) Disordered thoughts
      - (2) Delusions, hallucinations

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(3) Unusual worries, fears
(4) Suicide threat or threatening injury to others
d. Language
(1) Speech pattern and content
(2) Garbled or unintelligible
e. Mood
(1) Anxiety, depression, elation, agitation
(2) Level of alertness, distracted
f. Appearance, hygiene, dress
g. Motor activity

IV. Management considerations
A. Treat existing medical problems
B. Maintain safety
C. Control violent situations
D. Medical/ legal considerations
1. Standard of care
2. Consent
3. Limitations of legal authority
4. Restraint
E. Remain with patient at all times
F. Avoid challenging personal space
G. Avoid judgments
H. Transport
1. Transport patient against his or her will when
a. Patient presents threat to self or others
b. Ordered by medical direction
c. Implemented by law enforcement authorities, if at all possible
2. Using restraints
a. Follow local protocols for use
b. Types of restraints
(1) Wrist/ waist/ ankle leather or velcro straps
(2) Full jacket restraint
(3) Other