OhioHealth Emergency Medical Services Podcast Series
April 2021 Episode: Behavioral Emergencies

Objectives:

1. Review types of behavioral emergencies.
2. Discuss management approaches for behavioral emergencies.

Podcasters

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Session 1

- 23 YM – Abnormal Behavior with a History of Schizophrenia
    - Initial Evaluation
        - Determine baseline and what is meant by abnormal
        - Determine history of mental illness
        - Determine past medical history
        - Determine use of drugs or alcohol
        - Family members can provide useful information
        - Assure scene safety
    - Assessment
        - Determine what is different from baseline
        - Try to determine etiology
            - Medical issue
            - Medication change
            - New life stressor
            - Take your time and be patient
        - These patients are ill!
            - They are at least for several complications
            - Consider this an emergency
        - Obtain vital signs and perform a good physical examination
        - Consider checking a blood glucose level and obtaining an ECG
            - ECG should not preclude initial resuscitation
        - Observe and listen to the patient
            - Abnormal behavior is a sign/symptom on an underlying problem
        - Considers patient features that help narrow the possible causes
        - Behavioral emergencies may occur on a spectrum
            - For example, hyperactive vs. hypoactive delirium
            - Psychosis vs. mania vs. personality disorder
        - Consider acute on chronic presentations
            - Chronic mental illness with acute medical cause

        - Chronic medical illness with acute psychiatric illness
- Causes of Behavioral Emergencies
    - Psychiatric Disorders
        - Psychosis
        - Mania
        - Depression
    - Substance Abuse
        - Multiple causes
    - Medical Causes
        - Delirium vs. Dementia
        - Medication interactions
        - Toxicology
        - Metabolic
        - Infection
        - Central nervous system problems
- Verbal De-escalation
    - Demonstrate compassion and empathy
    - Demonstrate appropriate body language
    - If done appropriately, can be both diagnostic and therapeutic
    - Pearls from Dr. Schneider
        - As they increase their pace, decrease your pace
        - Let them speak
        - Ensure trust and never lie to them
    - Sometimes this does not work
- Eventually, you will need to determine the patient's mental capacity
    - Always make decisions in the best interest of the patient
- Physical Restraints
    - Temporary physical restraints are sometimes needed to protect the patient and facilitate treatment and assessment
    - There are some complications of physical restraints
    - The benefits of physical restraints should outweigh the risks
    - Assure proper positioning and reassessments
- Chemical Sedation
    - Specifics are covered in session 2
- Documentation
    - Document your mental capacity assessment
    - Document pertinent items in your assessment
    - Post-sedative documentation should include ETCO2
    - Ensure detailed assessments and monitoring following physical restraints
    - Home medications
    - Narratives should explain the details of the patient encounter
- Pinks slips are completed by designated personnel (does not include EMS in the state of Ohio)

Session 2

- 23 YM with Abnormal Behavior and History of Schizophrenia
    - Long-term medications for psychiatric illnesses
        - Anti-psychotic medications
            - Haloperidol and droperidol (older generation) may have several adverse effects
            - Second generation is more common now with better safety profile
            - These medications block dopamine
            - Extrapyramidal Effects
                - Anxiety and agitation
                - Dystonic reactions
                - Akathisia
                - Tardive dyskinesia
                - Treatment
                    - Diphenhydramine
            - Cardiac
                - Prolonged QTc interval
            - Anti-cholinergic syndromes
        - Tri-cyclic antidepressants
            - Prescribed for several reasons
            - Amitriptyline is a common name
            - May cause QRS widening
        - Polypharmacy may cause adverse interactions
        - It is difficult to keep all of these medications straight
            - Have a low threshold for looking these medications up
            - We do this several times a shift in the emergency department
        - Mood stabilizers
            - Many of these medications have alternative purposes
                - They tend to have toxicities associated with them
                    - Valproic acid and lithium
                    - Initial presentations are hard to recognize initially
                - Non-specific GI and neurologic symptoms
    - Benzodiazepines
        - Good for medication and/or substance use (toxicology)
        - Good for patients that abuse alcohol and may be withdrawing
        - Titrate doses
        - Monitor hemodynamic and respiratory status
    - Anti-psychotics with or without diphenhydramine
        - Good for suspected psychiatric illness
        - Diphenhydramine may help reduce side effects

        - May decrease seizure threshold so be careful with other substances on board
        - Not commonly used in the prehospital setting
        - Benzodiazepines and anti-psychotics are sometimes used together
    - Ketamine
        - Evidence base is expanding
            - Favorable hemodynamic profile
            - Minimal influence of respiratory status
            - Multiple routes of administration
            - Relatively high therapeutic threshold
        - Adverse Effects
            - Vocal cord spasm treated with bag valve mask
            - Emergence reaction as ketamine is metabolized
                - Treated with benzodiazepines
        - Use across the country has increased as an adjunct to benzodiazepines
        - Hemodynamic and respiratory monitoring are essential
            - Risk of apnea may be increased when combined with other substances or medications
            - ETCO2 monitoring as well as other vital signs are important
        - Lean body weight dosing
    - Consider the treatment of behavioral emergency a resuscitation
        - Post-sedation monitoring and documentation are essential
        - Anticipate some of the complications