

Prehospital
Patient Care Protocols

Section VII
Behavioral Patient Care



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Prehospital Patient Care Protocols

VI. Behavioral Patient Care

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1. Behavioral Emergencies

- A. INDICATIONS:** There are organic, situational and psychiatric causes of behavioral emergencies.
1. Organic causes include toxic and deficiency states, infections, neurological diseases, cardiovascular, endocrine and metabolic disorders.
 2. Situational causes result from an emotional reaction to a stressful event.
 3. Psychiatric disturbances are those which arise within the patient, such as psychosis, affective and anxiety, disorders.
 4. Persons experiencing behavioral emergencies may be experiencing pain every bit as real to them as a severe traumatic injury.
- B. PROTOCOL FOR MANAGEMENT:**
1. Obtaining the following information can help determine the cause of the patient's behavior:
 - a. Precipitating factors.
 - b. Existing life situation.
 - c. Recent and past medical/psychiatric history.
 - d. Mental status -- oriented or disoriented, organized or disorganized thinking.
 - e. Affect or facial/emotional expression -- inappropriate or flat?
 - f. Behavior -- general speech, motor activity or posture.
 2. The pre-hospital provider should:
 - a. Be alert to, and maintain, scene and rescuer safety.
 - b. Give first priority to life-threatening illness or injuries.
 - c. Identify self properly. Be prepared to spend time with patient.
 - d. Have a plan of action that will make the patient feel as if he/she is being helped, and which will help the patient make positive decisions.
 - e. Maintain a calm, reassuring and professional attitude and manner. Be aware of posture, body language and position.

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2. SEXUAL ASSAULT

A. Indications:

1. Reported or suspected sexual assault in persons of any age or sex.
2. Unexplained trauma or bleeding about the vagina, rectum or buttocks.

B. Precautions / Contraindications:

1. Do not ask questions about the patient's sexual history or practices, or questions that might make the patient feel guilty. Do not ask patient for a detailed account of the assault.
2. Do not examine the patient's genitalia unless there is severe injury, and then do so only with the patient's permission.
3. Clean wounds only to determine severity.

B. Protocol for management:

1. Provide psychological support and a safe environment for the patient. Limit the number of persons who interact with the patient.
2. Assess for other illnesses or injuries.
3. Allow patient to determine gender of care-providers if possible.
4. Preserve all evidence:
 - a. Handle the patient's clothing as little as possible; use paper bags for all clothing and blood-stained articles. If the patient's clothing is removed after leaving the scene, bag and label each item separately.
 - b. Discourage the patient from changing clothes or bathing.
 - c. Maintain the crime scene and chain of evidence by having authorities sign for articles turned over to them.
5. Carefully chart all notations, observations and treatments; this information is very important in potential court proceedings.
6. Maintain and insure patient confidentiality.

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3. Suicidal Patient

Overview: The safety and security of the patient and EMS personnel is paramount. If the patient is armed, consider the patient homicidal as well as suicidal. Medical treatment is a priority if injury or ingestion of a substance has occurred. However, persons who make verbal threats of suicide also should be treated at an appropriate medical facility. Be prepared to spend time with the patient. Every suicide act, gesture, or verbal threat must be taken seriously. **DO NOT LEAVE THE PATIENT ALONE.**

Prehospital Goal: Have police secure the scene to protect the patient and EMS personnel from harm. Evaluate potential for suicide by assessing the risk factors. Provide calming environment for the patient. Provide emotional support and understanding of the problem. Medically intervene if warranted. Transport the patient promptly to an appropriate medical facility.

Risk Factors: Age: 15-24 years; over 40. Sex: Male. Divorced or, widowed. Recent loss or surgery. Previous attempts. Living alone. History of depression and/or suicidal thoughts. Presence of suicide plan and how well organized. How lethal and available is the method.

Physical Attempt: Injury/Ingestion

BLS AND ALS

SCENE SAFETY: POLICE
SHOULD BE ON SCENE

AIRWAY

BREATHING

CIRCULATION

IF MEDICATION IS INGESTED
SEE POISONING PROTOCOL

IF TRAUMA IS INVOLVED
SEE TRAUMA PROTOCOL

Verbal Threat

BLS AND ALS

SCENE SAFETY: POLICE
SHOULD BE ON SCENE

PROTECT PATIENT

DEVELOP RAPPORT

CREATE CALMING

ASSESS RISK FACTORS

TRANSPORT PROMPTLY TO
APPROPRIATE MEDICAL FACILITY

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4. Violent and/or Agitated Patient

Overview: Occasionally, EMS providers are faced with patients who are violent and/or agitated. These patients can pose a danger to themselves and EMS providers. The etiology of the behavior may be organic or functional and efforts should be made to correct reversible causes. Medical causes include, but are not limited to, hypoxia, stroke, brain trauma, hypoglycemia, alcohol/drug intoxication. However, the safety of the patient and the EMS providers are the primary concern.

Prehospital Goals: Maintain a safe environment for the patient and providers. Verbal de-escalation should be tried initially. Continued agitation/violence may require physical and/or chemical restraints. Law enforcement should assist when available. Vitals should be performed frequently on patients that are physically and/or chemically restrained.

BLS

Maintain safe position and distance.

↓

Attempt verbal intervention.

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Call for police and/or behavioral health behavioral health provider.

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Attempt to identify and treat reversible causes.

↓

Physical restraints.

↓

Attempt vital signs, and transport, reassess patient enroute.

ALS

Maintain safe position and distance.

↓

Attempt verbal intervention.

↓

Call for police and/or behavioral health provider

↓

Attempt to identify and treat reversible causes.

↓

Attempt to acquire medical history, allergies, vital signs.

↓

Physical restraints and/or chemical restraints.

↓

Frequently reassess patient during transport.

MEDICATION DOSAGES BELOW:

OPTIONS	PHYSICAL RESTRAINTS	CHEMICAL RESTRAINTS
OPTION 1: PATIENTS WITHOUT IV ACCESS	FOUR POINT SOFT RESTRAINTS	VALIUM 5 MG IM If fails to de-escalate patient, then: GEODON 10 MG IM
OPTION 2: PATIENTS WITH IV ACCESS	FOUR POINT SOFT RESTRAINTS	VALIUM 5 MG IV If fails to de-escalate patient, then: GEODON 10 MG IM
OPTION 3: (alternative) ONLY FOR EXTREME AGITATION AND COMBATIVENESS	FOUR POINT SOFT RESTRAINTS	GEODON 20 MG IM AND VALIUM 5 MG IM

Violent and/or Agitated Patient

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Protocols for Management:

1. Assess risk factors for violence at the scene and ensure for the safety of the EMS providers.

Risk factors:

- A. Alcohol and/or drug intoxication or withdrawal.
- B. Crowd incidents especially where violence has occurred.
- C. Psychosis, especially manic and/or paranoia.
- D. Delirium, anxiety, phobias, disorientation.

2. Treat life-threatening injuries.

3. Maintain a safe position and distance from the patient. Do not invade the patient's "space".

4. Attempt verbal intervention to calm and reassure the patient and offer help.

5. Be honest and concise.

6. Be alert to warning signs of impending outbursts of violence:

- A. Tense posture.
- B. Loud, threatening speech by the patient.
- C. Increasing or hyper motor/muscular activity.
- D. Aggressive "body language".
- E. The provider's own feelings.

7. Use physical and /or chemical restraints as a last resort when talking has failed.

8. Call for police and/or behavioral professionals when dealing with continued hostility. **Do not allow yourself to get in a position where you cannot escape if the situation becomes dangerous or out of control.**

9. Establish on-line Medical Control to advise of patients condition and to notify the need for police on your arrival.

Violent and/or Agitated Patient

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WARNINGS:

1. DO NOT transport the patient restrained in a prone position.
2. Patients who are restrained, chemically or physically should not be left unattended. Use proper techniques for physical restraints.
3. Frequent neurovascular assessments of the restrained extremities to assure adequate circulation should be performed and documented.
4. DO NOT “hog tie” or sandwich patient between backboards or mattresses.
5. Once chemical restraints are used it’s recommended to place physical restraints on the patient for every ones safety.
6. Document thoroughly your reasons for using this protocol on your PPCR.
7. **Highly recommended: ONCE RESTRAINED, REMAINS RESTRAINED!!!**