Chapter 22 - Psychiatric Emergencies

National EMS Education Standard Competencies (1 of 2)
Medicine
Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.

National EMS Education Standard Competencies (2 of 2)
Psychiatric
Recognition of
– Behaviors that pose a risk to the EMT, patient, or others
– Basic principles of the mental health system
– Assessment and management of
  • Acute psychosis
  • Suicidal/risk
  • Agitated delirium

Introduction
• EMTs often care for patients experiencing a behavioral crisis or psychiatric emergency.
• Crisis may be the result of:
  – Acute medical situation
  – Mental illness
  – Mind-altering substances
  – Stress
  – Many other causes

Myth and Reality (1 of 4)
• At some point, most people experience an emotional crisis.
  – This does not mean that everyone develops mental illness.
• Do not jump to conclusions concerning:
  – Yourself
  – Your patient

Myth and Reality (2 of 4)
• The most common misconception is that if you are feeling bad or depressed, you must be “sick.”
• There are many justifiable reasons for feeling depressed:
  – Divorce
  – Death of a relative or friend

Myth and Reality (3 of 4)
• Many people believe that all individuals with mental health disorders are dangerous, violent, or unmanageable.
  – Only a small percentage fall into these categories.
  – EMTs may be exposed to a higher proportion of violent patients.

Myth and Reality (4 of 4)
• Many people believe that all individuals with mental health disorders are dangerous, violent, or unmanageable. (cont’d)
  – Communication is key. Patients may de-escalate when a level of trust is established.
  – You may be able to predict violence.

9 ❄️ Defining a Behavioral Crisis
   (1 of 5)
   • Behavior is what you can see of a person’s response to the environment: his or her actions.
     – Most of the time, people respond to the environment in reasonable ways.
     – Over time, people learn to adapt to stress.
     – Sometimes stress is so great that the normal ways of coping do not work.

10 ❄️ Defining a Behavioral Crisis
   (2 of 5)

11 ❄️ Defining a Behavioral Crisis
   (3 of 5)
   • A behavioral crisis or psychiatric emergency includes patients who exhibit agitated, violent, or uncooperative behavior or who are a danger to themselves or others.
     – EMS is called when behavior has become unacceptable to the patient, family, or community.

12 ❄️ Defining a Behavioral Crisis
   (4 of 5)

13 ❄️ Defining a Behavioral Crisis
   (5 of 5)
   • If an abnormal or disturbing pattern of behavior lasts for a month or more, it is a matter of concern.
   • When a psychiatric emergency arises, the patient:
     – May show agitation or violence
     – May become a threat to self or others

14 ❄️ The Magnitude of Mental Health Disorders (1 of 5)
   • Mental disorders are common throughout the United States, affecting tens of millions of people each year.
     – A psychiatric disorder is an illness with psychological or behavioral symptoms that may result in impaired functioning.
     – Anxiety disorders are among the most common.

15 ❄️ The Magnitude of Mental Health Disorders (2 of 5)
   • Anxiety disorders include:
     – Generalized anxiety disorder
     – Panic disorder
     – Social and other phobias
     – Posttraumatic stress disorder (PTSD)
     – Obsessive–compulsive disorder

16 ❄️ The Magnitude of Mental Health Disorders (3 of 5)
• The US mental health system provides many levels of assistance.
  – Professional counselors are available for marital conflict and parenting issues.
  – More serious issues are often handled by a psychologist.
  – Severe psychological conditions require a psychiatrist.

**The Magnitude of Mental Health Disorders (4 of 5)**
• The US mental health system provides many levels of assistance. (cont’d)
  – Most psychological disorders can be handled through outpatient visits.
  – Some people require hospitalization in specialized psychiatric units.

**The Magnitude of Mental Health Disorders (5 of 5)**
• Psychiatric disorders have many underlying causes:
  – Social and situational stress such as divorce or death of a loved one
  – Diseases such as schizophrenia
  – Physical illnesses such as diabetic emergencies
  – Chemical problems such as alcohol or drug use
  – Biological disturbances such as electrolyte imbalances

**Pathophysiology (1 of 4)**
• An EMT is not responsible for diagnosing the underlying cause of a behavioral crisis or psychiatric emergency.
  – You should understand the two basic categories of diagnosis a physician will use: organic and functional.

**Pathophysiology (2 of 4)**
• Organic disorders
  – Organic brain syndrome is a temporary or permanent dysfunction of the brain caused by a disturbance in the physical or physiologic functioning of the brain tissue.
  – Causes include sudden illness, traumatic brain injury (TBI), seizure disorders, drug and alcohol abuse, overdose, or withdrawal, and diseases of the brain.

**Pathophysiology (3 of 4)**
• Organic disorders (cont’d)
  – Altered mental status can arise from:
    • Hypoglycemia
    • Hypoxia
    • Impaired cerebral blood flow
    • Hyperthermia or hypothermia

**Pathophysiology (4 of 4)**
• Functional disorders
  – A functional disorder is a physiological disorder that impairs bodily functions when the body seems to be structurally normal.
  – Examples include schizophrenia, anxiety conditions, and depression.
  – The chemical or physical basis of these disorders does not alter the appearance of the patient.

**Safe Approach to a Behavioral Crisis (1 of 3)**
• All regular EMT skills are used in a behavioral crisis.
  – Other management techniques are also involved.

**Safe Approach to a Behavioral Crisis (2 of 3)**
• Assess the scene.
• Ensure you can communicate.
• Know where the exits are.
• Don personal protective equipment.
• Have a definite plan of action.
• Urgently de-escalate the patient’s level of agitation.
• Calmly identify yourself.

25 Safe Approach to a Behavioral Crisis (3 of 3)
• Be direct.
• Be prepared to spend extra time.
• Stay with the patient.
• Do not get too close.
• Express interest.
• Avoid fighting with the patient.
• Be honest and reassuring.
• Do not judge.

26 Scene Size-up (1 of 3)
• Scene safety
  – Is the situation potentially dangerous for you and your partner?
  – Do you need immediate law enforcement backup?
  – Should you stage until law enforcement personnel have secured the scene?
  – Does the patient’s behavior seem typical or normal for the circumstances?
  – Are there legal issues involved?

27 Scene Size-up (2 of 3)
• Scene safety (cont’d)
  – Does the patient’s behavior seem typical or normal for the circumstances?
  – Are there legal issues involved (crime scene, consent, refusal)?
• Take standard precautions and request additional resources early.

28 Scene Size-up (3 of 3)
• Mechanism of injury/nature of illness
  – Determine the mechanism of injury and/or nature of illness.
  – Note any medications or substances that may contribute to the complaint or be treatment of a relevant medical condition.

29 Primary Assessment (1 of 4)
• Form a general impression.
  – Begin your assessment from the doorway or from a distance.
  – Perform a rapid physical exam.
  – Observe the patient closely using the AVPU scale to check for alertness.
  – Establish a rapport with the patient.

30 Primary Assessment (2 of 4)
• Airway and breathing
  – Assess the airway to make sure it is patent and adequate.
  – Evaluate the patient’s breathing.
– Use pulse oximetry if available.

31 Primary Assessment (3 of 4)

- Circulation
  – Assess the pulse rate, quality, and rhythm.
  – Evaluate for the presence of shock and bleeding.
  – Evaluate skin color, temperature, and capillary refill.

32 Primary Assessment (4 of 4)

- Transport decision
  – Unless the patient is unstable from a medical problem or trauma, prepare to spend time with the patient.
  - It may take time to gain the patient’s trust.

33 History Taking (1 of 3)

- Investigate the chief complaint and obtain a SAMPLE history.
- Consider three major areas as contributors:
  – Is the patient’s central nervous system functioning properly?
  – Are hallucinogens or other drugs or alcohol a factor?
  – Are significant life changes, symptoms, or illness involved?

34 History Taking (2 of 3)

- SAMPLE history
  – You may be able to elicit information not available to the hospital staff.
  – In geriatric patients, consider Alzheimer disease and dementia.
  – Your assessment has two primary goals:
      • Recognizing major life threats
      • Reducing the stress of the situation
  – Use reflective listening.

35 History Taking (3 of 3)

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36 Secondary Assessment (1 of 3)

- Physical examination
  – In an unconscious patient, begin with a physical exam.
  – A conscious patient may not respond to your questions.

37 Secondary Assessment (2 of 3)

- Physical examination (cont’d)
  – You can tell a lot about a patient’s emotional state from:
      • Facial expressions
      • Pulse rate
      • Respirations
  – Look in the patient’s eyes: A blank gaze or rapidly moving eyes could mean central nervous system dysfunction.

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38 Secondary Assessment (3 of 3)

- Transport decision
  – Have law enforcement or firefighters accompany you if possible.
– Is there a specific facility to which patients with psychiatric emergencies are transported?
– Transport by ground.
– Make the patient comfortable (eg, Fowler’s or high Fowler’s position).

39 Reassessment (1 of 3)
• Never let your guard down.
  – Many patients will act spontaneously.
• If restraints are necessary, reassess and document every 5 minutes:
  – Respirations
  – Pulse, motor, and sensory function in all restrained extremities

40 Reassessment (2 of 3)
• Interventions
  – There is often little you can do during the short time you will be treating the patient.
  – Diffuse and control the situation.
  – Safely transport the patient to the hospital.
  – If you think a pharmacologic restraint is necessary, request ALS as early as possible.

41 Reassessment (3 of 3)
• Communication and documentation
  – Give the receiving hospital advance warning of the psychiatric emergency.
  – Document thoroughly and carefully.
    • Yours may be the only documentation about the patient’s distress.
    • If restraints are used, say which types and why they were used.

42 Acute Psychosis (1 of 5)
• Psychosis is a state of delusion in which the person is out of touch with reality.
• Causes:
  – Mind-altering substances
  – Intense stress
  – Delusional disorders
  – Schizophrenia

43 Acute Psychosis (2 of 5)
• Schizophrenia is a complex disorder that is not easily defined or treated.
  – Typical onset occurs during adulthood.
  – Influences thought to contribute include:
    • Brain damage
    • Genetics
    • Psychologic and social influences

44 Acute Psychosis (3 of 5)
• Symptoms of schizophrenia:
  – Delusions
  – Hallucinations
  – A lack of interest in pleasure
– Erratic speech

**Acute Psychosis (4 of 5)**
- Guidelines for dealing with a psychotic patient:
  – Determine if the situation is dangerous.
  – Clearly identify yourself.
  – Be calm, direct, and straightforward.
  – Maintain an emotional distance.

**Acute Psychosis (5 of 5)**
- Guidelines (cont’d)
  – Do not argue.
  – Explain what you would like to do.
  – Involve people whom the patient trusts, such as family or friends, to gain the patient’s cooperation.

**Excited Delirium (1 of 6)**
- Delirium is a condition of impairment in cognitive function that can present with disorientation, hallucinations, or delusions.
- Agitation is characterized by restless and irregular physical activity.
  – Patients may strike out irrationally.
  – Your personal safety must be considered.

**Excited Delirium (2 of 6)**
- Symptoms of delirium:
  – Hyperactive irrational behavior
  – Vivid hallucinations
  – Hypertension
  – Tachycardia
  – Diaphoresis
  – Dilated pupils

**Excited Delirium (3 of 6)**
- Be calm, supportive, and empathetic.
- Approach the patient slowly and respect the patient’s personal space.
- Limit physical contact.
- Do not leave the patient unattended.

**Excited Delirium (4 of 6)**
- Try to indirectly determine the patient’s:
  – Orientation
  – Memory
  – Concentration
  – Judgment
- Pay attention to the patient’s ability to communicate, appearance, dress, and personal hygiene.

**Excited Delirium (5 of 6)**
- If the patient has overdosed, take all medication bottles or illegal substances to the medical facility.
  – Transport the patient to a hospital with psychiatric facilities.
  – Refrain from using lights and sirens.
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52 **Excited Delirium (6 of 6)**
- If the patient’s agitation continues, request ALS assistance so chemical restraint can be considered.
  - Uncontrolled or poorly controlled patient agitation can lead to the patient’s sudden death.

53 **Restraint (1 of 10)**
- Every prehospital care transport provider should create and follow a prehospital patient restraint protocol.
  - Protocols vary throughout the country.
  - The restraint chosen should be the least restrictive that ensures the safety of the patient and providers.

54 **Restraint (2 of 10)**

55 **Restraint (3 of 10)**
- You may use restraints only:
  - To protect yourself or others from bodily harm
  - To prevent the patient from injuring himself or herself

56 **Restraint (4 of 10)**
- You may use only reasonable force as necessary to control the patient.
- Follow local protocols and your company’s prehospital policy; consult medical control if needed.
- Involve law enforcement if the patient is in a severe behavioral crisis or psychiatric emergency.

57 **Restraint (5 of 10)**
- Before considering physical restraint, use verbal de-escalation techniques.
  - Ask the family to assist you in calming the patient.
  - Be honest and straightforward.
  - Talk in a friendly tone.

58 **Restraint (6 of 10)**
- Process of restraining a patient
  - Carry the decision out quickly.
  - There should be 5 people to help, one for each extremity and one for the head.
  - There should be a team leader and plan of action.
  - Use the minimum force necessary

59 **Restraint (7 of 10)**
- Level of force will vary, depending on these factors:
  - The degree of force that is necessary to keep the patient from injuring self and others
  - The patient’s sex, size, strength, and mental status
  - The type of abnormal behavior the patient is exhibiting

60 **Restraint (8 of 10)**
- Talk to the patient throughout the process.
- Treat the patient with dignity and respect.
- If possible, a provider of same gender should attend to the patient.
• Wear appropriate barrier protection.

**Restraint (9 of 10)**
• Avoid direct eye contact and respect personal space.
• Never leave a restrained person unattended.
• Four-point restraints (both arms and both legs) are preferred.

**Restraint (10 of 10)**
• Monitor the patient for:
  – Vomiting
  – Airway obstruction
  – Respiratory status
  – Circulatory status (blood pressure)
  – Changes in level of consciousness

**The Potentially Violent Patient (1 of 5)**
• Violent patients make up only a small percentage of patients undergoing a behavioral or psychiatric crisis.
  – The potential for violence is always a critical consideration for an EMT.

**The Potentially Violent Patient (2 of 5)**
• History
  – Has the patient previously exhibited hostile, overly aggressive, or violent behavior?
• Posture
  – How is the patient sitting or standing?
  – Is the patient tense, rigid, or sitting on the edge of his or her seat?

**The Potentially Violent Patient (3 of 5)**
• The scene
  – Is the patient holding or near potentially lethal objects?
• Vocal activity
  – Which kind of speech is the patient using?
  – Loud, obscene, erratic, and bizarre speech patterns usually indicate emotional distress.

**The Potentially Violent Patient (4 of 5)**
• Physical activity
  – Most telling factor of all
  – A patient requiring careful watching is one who:
    • Has tense muscles, clenched fists, or glaring eyes
    • Is pacing
    • Cannot sit still
    • Is fiercely protecting personal space

**The Potentially Violent Patient (5 of 5)**
• Other factors to consider:
  – Poor impulse control
  – A history of truancy, fighting, and uncontrollable temper
  – History of substance abuse
  – Depression
  – Functional disorder

**Suicide (1 of 5)**
Depression is the single most significant factor that contributes to suicide.
It is a common misconception that people who threaten suicide never commit it.
– Suicide is a cry for help.
– Someone is in a crisis that he or she cannot handle alone.
– Immediate intervention is necessary.

**Suicide (2 of 5)**
- Be alert to these warning signs:
  – Air of tearfulness, sadness, deep despair, or hopelessness
  – Avoiding eye contact, speaking slowly, and projecting a sense of vacancy
  – Unable to talk about the future
  – Suggestion of suicide
  – Having any plans related to death

**Suicide (3 of 5)**

**Suicide (4 of 5)**
- Consider these additional risks:
  – Are there any unsafe objects nearby?
  – Is the environment unsafe?
  – Is there evidence of self-destructive behavior?
  – Is there an imminent threat to the patient or others?

**Suicide (5 of 5)**
- Additional risks (cont’d)
  – Is there an underlying medical problem?
  – Are there cultural or religious beliefs promoting suicide?
  – Has there been trauma?
- A suicidal patient may be homicidal as well.

**Posttraumatic Stress Disorder and Returning Combat Veterans (1 of 8)**
- PTSD occurs after exposure to, or injury from, a traumatic event.
- Example events:
  – Sexual and physical assault
  – Child abuse
  – Serious accidents

**Posttraumatic Stress Disorder and Returning Combat Veterans (2 of 8)**
- Example events (cont’d):
  – Natural disasters
  – War
  – Loss of a loved one
  – Stressful life changes

**Posttraumatic Stress Disorder and Returning Combat Veterans (3 of 8)**
- An estimated 7% to 8% of the general population will experience PTSD at some point in their lives.
- Military personnel with combat experience have a high incidence.

**Posttraumatic Stress Disorder and Returning Combat Veterans (4 of 8)**

**Posttraumatic Stress Disorder and Returning Combat Veterans (5 of 8)**
78  **Posttraumatic Stress Disorder and Returning Combat Veterans (6 of 8)**
- Combat veterans are prone to:
  - Early heart disease
  - Higher incidence of type 2 diabetes
  - Loss of brain gray matter
  - Higher incidence of traumatic brain injury (TBI)

79  **Posttraumatic Stress Disorder and Returning Combat Veterans (7 of 8)**
- Caring for the combat veteran
  - Requires a unique level of understanding
  - Be careful how you phrase your questions.
  - Use a calm, firm voice, but be in charge.
  - Respect a veteran's personal space.
  - Limit the number of people involved.
  - Ask about suicidal intentions.

80  **Posttraumatic Stress Disorder and Returning Combat Veterans (8 of 8)**
- Caring for the combat veteran
  - Ensure that there is nothing the patient can access and use as a weapon.
  - Physical restraints may simply escalate the problem.

81  **Medicolegal Considerations**
(1 of 5)
- The medicolegal aspects of EMS are more complicated with patients undergoing behavioral crisis or psychiatric emergency.
- Legal problems are reduced when the patient consents to care.
  - Gaining the patient’s confidence is critical.

82  **Medicolegal Considerations**
(2 of 5)
- You must decide whether the patient needs immediate emergency medical care.
  - The patient may resist your attempt to provide care.
  - Never leave the patient alone.
  - Request law enforcement personnel to handle the patient.

83  **Medicolegal Considerations**
(3 of 5)
- Consent
  - Implied consent is assumed with a patient who is not mentally competent to grant consent.
  - Consent matters are not always clear-cut in psychiatric emergencies.
  - If you are not sure, request the assistance of law enforcement personnel or guidance from medical control.

84  **Medicolegal Considerations**
(4 of 5)
- Limited legal authority
– The EMT has limited legal authority to require a patient to undergo emergency medical care when no life-threatening emergency exists.
– Competent adults have the right to refuse care.

**Medicolegal Considerations**
(5 of 5)

• In psychiatric cases, a court of law would probably consider your actions in providing life-saving care to be appropriate.
  – A patient who is in any way impaired may not be considered competent.
  – Maintain a high index of suspicion about the patient’s condition.
  – Err on the side of treatment and transport.

**Review (1 of 2)**

1. A behavioral crisis is MOST accurately defined as:
   A. a severe, acute psychiatric condition in which the patient becomes violent and presents a safety threat to self or to others.
   B. any reaction to events that interferes with activities of daily living or has become unacceptable to the patient, family, or community.

**Review (2 of 2)**

1. A behavioral crisis is MOST accurately defined as:
   C. a normal response of a patient to a situation that causes an overwhelming amount of stress, such as the loss of a job or marital problems.
   D. a reaction to a stressful event that the patient feels is appropriate, but is considered inappropriate by the patient’s family or the community.

**Review**

Answer: B

Rationale: A behavioral crisis is *any* reaction to events that interferes with the patient’s activities of daily living or has become acceptable to the patient, his or her family, or the community. Not all patients with an emotional crisis are “psychotic,” nor are all violent patients experiencing a psychiatric condition; these are common misconceptions. Various medical conditions can cause a behavioral crisis (eg, hypoglycemia, hypoxemia, brain tumors).

**Review (1 of 2)**

1. A behavioral crisis is MOST accurately defined as:
   A. a severe, acute psychiatric condition in which the patient becomes violent and presents a safety threat to self or to others.
   Rationale: This could be considered a symptom of a mental disorder.
   B. any reaction to events that interferes with activities of daily living or has become unacceptable to the patient, family, or community.
   Rationale: Correct answer

**Review (2 of 2)**

1. A behavioral crisis is MOST accurately defined as:
   C. a normal response of a patient to a situation that causes an overwhelming amount of stress, such as the loss of a job or marital problems.
   Rationale: This could be normal behavior or could progress to depression.
   D. a reaction to a stressful event that the patient feels is appropriate, but is considered inappropriate by the patient’s family or the community.
   Rationale: This could be normal behavior.
2. Depression and schizophrenia are examples of:
   A. functional disorders.
   B. altered mental status.
   C. behavioral emergencies.
   D. organic brain syndrome.

Rationale: Unlike an organic disorder, a functional disorder cannot be linked to any physical dysfunction or failure of an organ. Depression, schizophrenia, obsessive–compulsive disorder (OCD), and bipolar disorder are examples of functional disorders. They are usually caused by a chemical imbalance in the brain—not a structural or physical abnormality.

2. Depression and schizophrenia are examples of:
   A. functional disorders.  
   Rationale: Correct answer
   B. altered mental status.  
   Rationale: Altered mental status is a common presentation in patients with a wide variety of medical problems.

2. Depression and schizophrenia are examples of:
   C. behavioral emergencies.  
   Rationale: These are emergencies that do not have a clear physical cause and that result in aberrant behavior.
   D. organic brain syndrome.  
   Rationale: Organic brain syndrome is a psychiatric disorder caused by a permanent or temporary physical change in the brain.

3. When assessing a patient with a behavioral crisis, your primary concern must be:
   A. allowing the patient to express himself or herself to you in his or her own words.
   B. setting your personal feelings aside and providing needed care.
   C. gathering the patient’s belongings and taking them to the hospital.
   D. whether the patient will cause harm to you or your partner.

Rationale: There are many things that you should be concerned with when assessing a patient with a behavioral crisis, including all of the items listed as answers to this question. Your primary concern, however, must be the safety of yourself and your partner.

3. When assessing a patient with a behavioral crisis, your primary concern must be:
   A. allowing the patient to express himself or herself to you in his or her own words.  
   Rationale: This is a good technique to use in assessment.
   B. setting your personal feelings aside and providing needed care.  
   Rationale: It is important not to allow your own prejudice to interfere with your treatment of patients.
3. When assessing a patient with a behavioral crisis, your primary concern must be:
   C. gathering the patient’s belongings and taking them to the hospital.
   Rationale: Good patient skills are utilized in the treatment of every patient.
   D. whether the patient will cause harm to you or your partner.
   Rationale: Correct answer

4. General guidelines to follow when caring for a patient with a behavioral crisis include all of the following, EXCEPT:
   A. being honest and reassuring.
   Rationale: This is part of proper treatment.
   B. rapidly transporting the patient.
   Rationale: Correct answer
   C. having a definite plan of action.
   Rationale: This is part of proper treatment.
   D. avoiding arguing with the patient.
   Rationale: This is part of proper treatment.

5. Reflective listening, an assessment technique used when caring for patients with an emotional crisis, involves:
   A. asking the patient to repeat his or her statements.
   B. simply listening to the patient, without speaking.
   C. asking the patient to repeat everything that you say.
   D. repeating, in question form, what the patient tells you.

Answer: D
Rationale: Reflective listening—a technique in which you repeat, in question form, what the patient tells you—allows the patient to further expand on his or her thoughts; it also helps the EMT gain insight into the patient’s situation.
B. simply listening to the patient, without speaking.
   Rationale: This is considered to be active listening.

**Review (2 of 2)**

5. Reflective listening, an assessment technique used when caring for patients with an emotional crisis, involves:
   C. asking the patient to repeat everything that you say.
      Rationale: Simplify and summarize the patient’s response when a patient gives confusing or disorganized responses.
   D. repeating, in question form, what the patient tells you.
      Rationale: Correct answer

**Review**

6. Which of the following patients is at HIGHEST risk for suicide?
   A. A 24-year-old woman who is successfully being treated for depression
   B. A 29-year-old man who was recently promoted with a large pay increase
   C. A 33-year-old man who regularly consumes alcohol and purchased a gun
   D. A 45-year-old woman who recently found out her cancer is in full remission

Answer: C
   Rationale: Situations or indications that place a patient at high risk for suicide include, but are not limited to, recent diagnosis of a serious illness; financial setback; marital discord; death of a loved one; untreated psychiatric illness; recent acquisition of items that can cause death, such as a gun or knife; and chronic alcohol use.

**Review (1 of 2)**

6. Which of the following patients is at HIGHEST risk for suicide?
   A. A 24-year-old woman who is successfully being treated for depression
      Rationale: This woman is not a high risk for suicide.
   B. A 29-year-old man who was recently promoted with a large pay increase
      Rationale: This man is not a high risk for suicide.

**Review (2 of 2)**

6. Which of the following patients is at HIGHEST risk for suicide?
   C. A 33-year-old man who regularly consumes alcohol and purchased a gun
      Rationale: Correct answer
   D. A 45-year-old woman who recently found out her cancer is in full remission
      Rationale: This woman is not a high risk for suicide.

**Review**

7. When caring for a patient with an emotional crisis who is calm and not in need of immediate emergency care, your BEST course of action is to:
   A. advise the patient that he or she cannot refuse treatment.
   B. leave the patient with a trusted friend or family member.
   C. attempt to obtain consent from the patient to transport.
   D. apply soft restraints in case the patient becomes violent.

Answer: C
   Rationale: Just because a patient is experiencing an emotional crisis does not mean that he or she is “mentally incompetent” and cannot refuse EMS treatment and/or transport. You should attempt to obtain consent from any conscious patient unless he or she clearly does
not have decision-making capacity (eg, underage, altered mental status, alcohol intoxication).

Review (1 of 2)
7. When caring for a patient with an emotional crisis who is calm and not in need of immediate emergency care, your BEST course of action is to:
   A. advise the patient that he or she cannot refuse treatment.  
      Rationale: Do this only if the patient clearly does not have decision-making capacity (eg, underage, intoxicated).
   B. leave the patient with a trusted friend or family member.  
      Rationale: Attempt to obtain verbal consent for transport to a medical facility.

Review (2 of 2)
7. When caring for a patient with an emotional crisis who is calm and not in need of immediate emergency care, your BEST course of action is to:
   C. attempt to obtain consent from the patient to transport.  
      Rationale: Correct answer
   D. apply soft restraints in case the patient becomes violent.  
      Rationale: Restraints are not often used in situations where a patient might become violent, but they are considered.

Review
8. When physically restraining a violent patient, the EMT should:
   A. continually talk to the patient as he or she is being restrained.  
   B. check circulation in all extremities only if the patient is prone.  
   C. remove the restraints if the patient appears to be calming down.  
   D. use additional force if the restrained patient begins to yell at the providers.

Review
Answer: A  
Rationale: When physically restraining a violent patient, the EMT or his or her partner should continually talk to the patient throughout the process. Treat the patient with dignity and respect—regardless of the situation. Once restraints are placed, they should not be removed, even if the patient appears to be calm. Circulation in all extremities should be monitored, regardless of the position in which the patient is restrained.

Review (1 of 2)
8. When physically restraining a violent patient, the EMT should:
   A. continually talk to the patient as he or she is being restrained.  
      Rationale: Correct answer
   B. check circulation in all extremities only if the patient is prone.  
      Rationale: Always check the patient’s extremity circulation often when physical restraints are applied.

Review (2 of 2)
8. When physically restraining a violent patient, the EMT should:
   C. remove the restraints if the patient appears to be calming down.  
      Rationale: Once restraints are applied, they should not be removed.
   D. use additional force if the restrained patient begins to yell at the providers.  
      Rationale: Only use the force necessary to initially restrain a patient.

Review
9. Upon arrival at the residence of a young male with an apparent emotional crisis, a police
officer tells you that the man is acting bizarrely. You find him sitting on his couch; he is conscious, but confused. He takes medications, but cannot remember why. His skin is pale and diaphoretic, and he has noticeable tremors to his hands. You should FIRST rule out:
A. hypoglycemia.
B. suicidal thoughts.
C. severe depression.
D. schizophrenia.

Review
Answer: A
Rationale: There are numerous physical problems that can cause bizarre behavior, such as hypoglycemia, hypoxemia, and brain tumors, among others. The EMT should rule out an underlying medical cause first. The patient's pallor, diaphoresis, and motor tremors suggest hypoglycemia. The EMT should assess the patient's blood glucose level, if trained to do so, and consider administering oral glucose. Psychiatric illnesses, such as clinical depression and schizophrenia, cannot be ruled in or out in the field.

Review (1 of 2)
9. Upon arrival at the residence of a young male with an apparent emotional crisis, a police officer tells you that the man is acting bizarrely. You find him sitting on his couch; he is conscious, but confused. He takes medications, but cannot remember why. His skin is pale and diaphoretic, and he has noticeable tremors to his hands. You should FIRST rule out:
A. hypoglycemia.
   Rationale: Correct answer
B. suicidal thoughts.
   Rationale: This is a symptom, something that the patient tells you. It does not produce visible signs.

Review (2 of 2)
9. Upon arrival at the residence of a young male with an apparent emotional crisis, a police officer tells you that the man is acting bizarrely. You find him sitting on his couch; he is conscious, but confused. He takes medications, but cannot remember why. His skin is pale and diaphoretic, and he has noticeable tremors to his hands. You should FIRST rule out:
C. severe depression.
   Rationale: Depression cannot be ruled out in the prehospital setting.
D. schizophrenia.
   Rationale: Schizophrenia cannot be ruled out in the field.

Review
10. Which of the following signs is LEAST indicative of a patient’s potential for violence?
   A. The patient appears tense and “edgy.”
   B. The patient is 6'5" tall and weighs 230 lb.
   C. The patient is loud and shouting obscenities.
   D. The patient is facing you with clenched fists.

Review
Answer: B
Rationale: When assessing a patient’s potential for violence, you should observe for suggestive physical activity, such as clenching of the fists; glaring eyes; shouting obscenities; and rapid, disorganized speech. There is no correlation between a patient’s physical size and his or her potential for violence.

Review (1 of 2)
10. Which of the following signs is LEAST indicative of a patient’s potential for violence?
   A. The patient appears tense and “edgy.”
      Rationale: This is a signal of possible physical aggression and anger.
   B. The patient is 6’5” tall and weighs 230 lb.
      Rationale: Correct answer
   C. The patient is loud and shouting obscenities.
      Rationale: This is a signal of possible physical aggression and anger.
   D. The patient is facing you with clenched fists.
      Rationale: This is a signal of possible physical aggression and anger.