



Behavioral Health Crisis

History

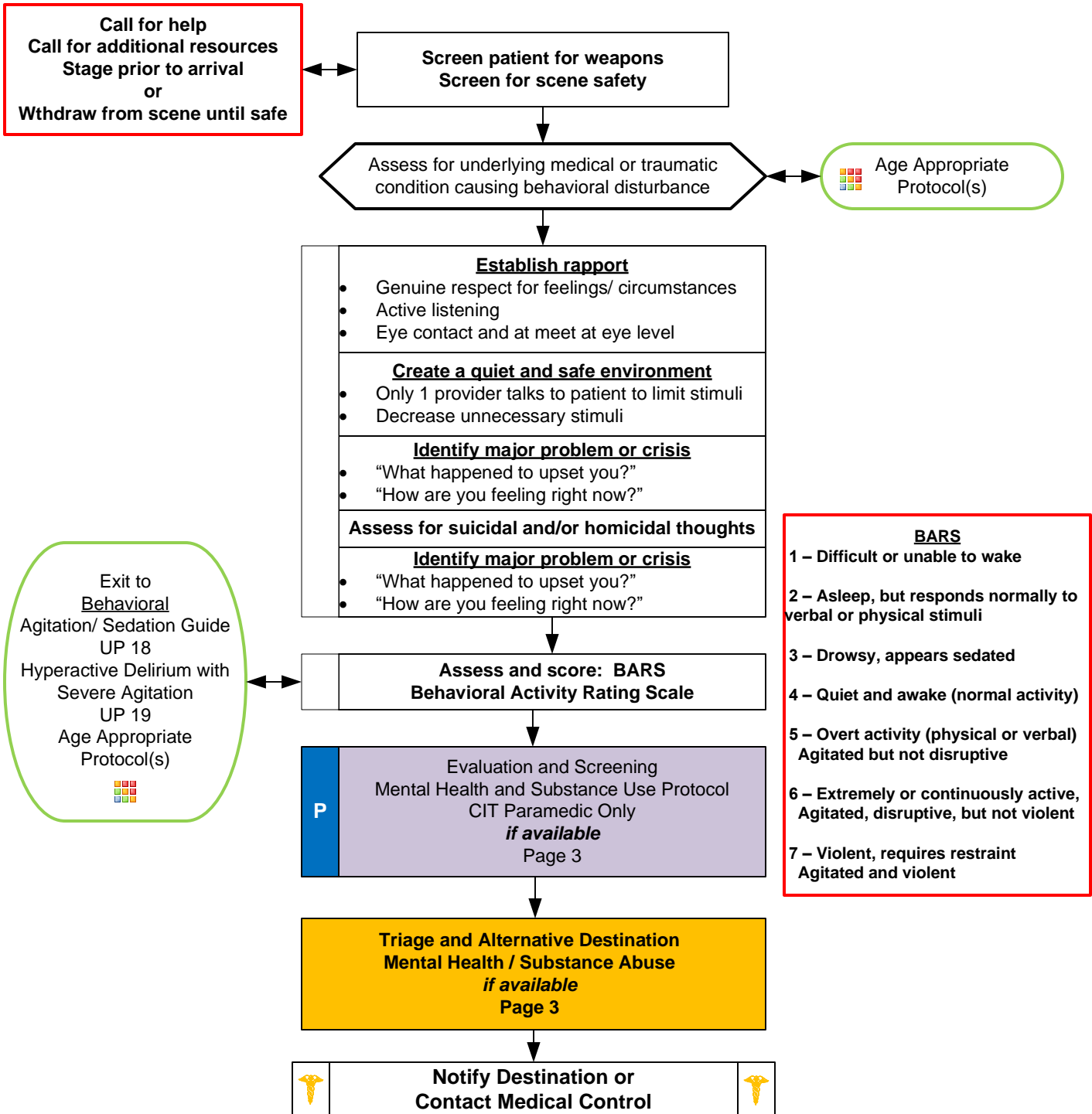
- Situational crisis
- Psychiatric illness/medications
- Injury to self or threats to others
- Medic alert tag
- Substance abuse / overdose
- Diabetes

Signs and Symptoms

- Anxiety, agitation, confusion
- Affect change, hallucinations
- Delusional thoughts, bizarre behavior
- Combative violent
- Expression of suicidal / homicidal thoughts

Differential

- Altered Mental Status
- Alcohol Intoxication
- Toxin / Substance abuse
- Medication effect / overdose / withdrawal
- Depression
- Bipolar (manic-depressive)
- Schizophrenia
- Anxiety disorders



Universal Protocol Section



Behavioral Health Crisis

Pearls

- **Recommended Exam: Mental Status, Skin, Heart, Lungs, Neurologic status**
- **Crew/ responders safety is the main priority. Call for assistance, stage, or withdraw from scene if necessary.**
- **Law Enforcement:**
 - **Any patient who is handcuffed or restrained by Law Enforcement and transported by EMS, must be accompanied by law enforcement during transport.**
 - **Patient should not be transported with upper extremities hand-cuffed behind back as this prevents proper assessment and could lead to injury.**
 - **Consider multidisciplinary coordination with law enforcement to approach verbal de-escalation, restraint, and/ or USP 6 Restraints: Therapeutic Take-down Procedure.**
- **Maintain high-index of suspicion for underlying medical or traumatic disorder causing or contributing to behavioral disturbance. Medical causes more likely in ages < 12 or > 40.**
- **General communications techniques**
 - **Ask Open-ended questions (questions that cannot be answered with a yes/no)**
“Tell me how we can help you?” “What caused you to call 911 today?”
 - **Active listening (stay engaged, be able to summarize patient’s story, use your body language to convey listening)**
Eye contact, nodding your head, periodically repeating back part of patient’s story
 - **Encouraging (remain positive, convey interest in patient’s crisis)**
“Tell me more about that...”
 - **Clarifying questions (ask patient to rephrase or repeat if you don’t understand)**
“I’m not sure I understand, can you...?”
 - **Emotional labeling (naming emotions patient is demonstrating, validating emotions)**
“You look upset.” “You seem angry.”
 - **Conversational pause (okay to allow a period of silence for patient to process information)**
- **Behavioral health disturbance incidents are increasing and commonly involve the following:**

Substance misuse	Psychosis
Depression/ Anxiety/ Stress Reactions / Bipolar	Schizophrenia or schizophrenia-like illness
- **Restraints:**
 - **All patients who receive either physical or chemical restraint must be continuously observed by ALS personnel on scene or immediately upon their arrival.**
 - **Do not position or transport any restrained patient in such a way that could impact the patient’s respiratory or circulatory status.**
- **Maintain high-index of suspicion for medical, trauma, abuse, or neglect causes:**
 - **Hypoglycemia, hyperglycemia, overdose, substance abuse, hypoxia, head injury, shock, sepsis, stroke, etc.**
 - **Domestic violence, child or geriatric abuse/ neglect.**
- **Extrapyramidal reactions:**
 - **Condition causing involuntary muscle movements or spasms typically of the face, neck and upper extremities. May present with contorted neck and trunk with difficult motor movements. Typically an adverse reaction to antipsychotic drugs like Haloperidol and may occur with your administration. When recognized, give **Diphenhydramine 50 mg IV / IO / IM / PO** in adults or **1 mg/kg IV / IO / IM / PO** in pediatrics, **Maximum 50 mg.****
- **May add page 3 to protocol for specific for local mental health and / or substance misuse resources or destinations.**



Behavioral CIT Paramedic (Optional)

Complete EMS CIT Behavioral Health Data Sheet

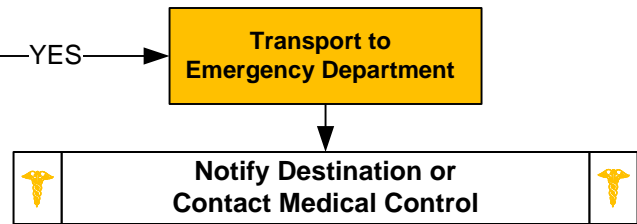
Complete EMS CIT Behavioral Assessment Form

This is a continuation of the Evaluation and Screening for Mental Health and Substance Abuse Procedure

Alternative Destinations other than Hospital ED
Call Access Line for all referrals:
Contact Number

If appropriate, contact Mobile Crisis:
Contact Number

- Blood/Vomit/Difficulty Breathing/Acute Medical Issue
- Blood Glucose <70 or >250 & symptomatic
- Head Trauma or fall in past 7 days
- In and out of consciousness
- Seizure activity in past 24 hours
- Unable to speak or walk
- On IVC or Emergency Custody
- Violent or Aggressive
- Provider can't see within 2 hours at alternative site
- Acute Withdrawal
- Hospital transport requested by patient
- BP ≥210/130 or ≥180/110 and symptomatic
- BAC > .35
- Oxygen Dependent



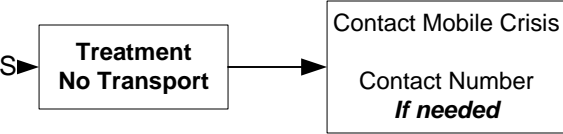
NO

- Suicidal (with plan and/or intent)
- Homicidal Ideation
- Psychosis (auditory/visual hallucinations or delusions)
- Request for Detox
- Med Request during 8:00 am and 3:00pm and client can not wait until next day for meds



NO

- No current suicidal ideation
- Anxiety/Panic
- Tearful crying with no suicidal plan or intent
- Med request in which EMS/Mobile Crisis able to triage and client is "ok" to go M-F for meds.



Alternative Destinations / Crisis Providers For Centerpoint

County		
Resource Agency	Resource Agency	Resource Agency
Hours of Operation	Hours of Operation	Hours of Operation

Universal Protocol Section