

M13**MENTAL HEALTH EMERGENCIES**

Patients suffering from a mental health emergency present the EMS personnel with multiple challenges. EMS personnel need to address the patient's physical and emotional needs in a professional manner to ensure safe transport to appropriate medical care.

GENERAL

- personal protective equipment should be utilized as appropriate
- body substance isolation techniques and equipment should be utilized as appropriate
- scene assessment
 - assess environmental concerns for possible contaminants or hazards
 - locate a safe environment to which the patient could be brought
 - ensure safety for all EMS personnel and bystanders
 - ensure the scene is safe prior to entering
 - remove patient or have patient removed from the potentially hostile environment
- scene assessment should be ongoing, as per Scene Assessment Guideline
- approach the patient in a calm manner and present a professional, positive, concerned image
- primary survey
 - ask for the patient's permission to perform assessments and treatments
- consider load and go
- secondary survey
 - treat injuries if the patient's condition and scene situation permits
 - assess the patient's general behaviour
 - general appearance
 - rate of speech
 - easily distracted or not
 - appropriate responses
 - level of orientation
 - mood
 - fearful or violent demeanour
- perform glucometry if EMS personnel are certified to do so and the patient has an altered mental status
 - initiate treatment as indicated

- initiate transport
 - if required, police should accompany the patient in the ambulance
 - on scene times should be kept to a minimum
 - allow the patient to assume a position of comfort, if not contraindicated by injuries
 - keep the environment as quiet as possible
 - do not use emergency lights and siren unless indicated by injuries
- transport the patient to the nearest appropriate health care facility
 - notify the receiving facility of the patient's status
 - monitor the patient en route
 - treat other life threatening conditions en route
- report all findings to the receiving facility staff, and document on the patient care report

If there is evidence of immediate danger

- ensure protection for self, other EMS personnel, bystanders, and the patient
- be prepared to leave the scene immediately if it is unsafe
 - use of police backup should be considered if indicated by the patient's behaviour, and, if necessary, to render care
- load and go should be initiated
- if required, police should accompany the patient in the ambulance

If there is no evidence of immediate danger

- obtain and record pertinent medical history, if possible, including
 - prescription and non-prescription medications
 - has the patient taken the medications as prescribed?
 - possible organic causes for behaviour (e.g. brain tumor, chemotherapy, diabetic complications)
 - previous psychiatric history
 - other medical conditions
 - ingestion of alcohol or drugs
 - type, quantity, when ingested
 - obtain as much collateral history as possible from family, friends, and bystanders
 - this information may be useful in managing the patient now or at a later time

If there is evidence of potential suicide

- every suicidal act or gesture must be taken seriously
- police must be contacted
- listen to the patient
- if possible and safe to do so, discreetly remove dangerous articles
- do not be afraid to ask direct questions about the patient's suicidal thoughts
- do not trust sudden or rapid recoveries
- provide specific actions that should be taken to resolve the immediate situation and to transport the patient to medical care
- never leave the patient alone
- a suicidal patient may not be capable of making an informed decision to refuse transport (see Refusal of Care Guideline)
 - if a decision is made that a patient requires medical treatment and is unable to make an informed decision and the patient must be transported against their wishes
 - police must make this decision
 - consultation with on scene EMS personnel or Regional Medical Director is advised

- if there is concern or the EMS personnel question the patient's ability to make an informed decision, physician on-line medical control with the Regional Medical Director (or physician designate) should be used
- if a patient requires transport to a health care facility and all attempts to calm the patient are unsuccessful, a decision must be made whether to restrain the patient during transport
 - if a decision to restrain the patient is made
 - EMS personnel should not restrain the patient – refer to Refusal of Care Guideline
 - refer to the Refusal of Care Guideline for procedure and documentation requirements related to patient restraint

NOTE

- one EMS personnel must assume control of the situation if they are first on the scene
 - multiple people attempting to intervene may increase the patient's confusion and agitation
- forcibly restraining an acutely agitated patient places the patient at significant risk of deterioration and even death
 - police officers should be requested to restrain patients and to accompany the restrained patient to the hospital in the ambulance
 - close monitoring of the restrained patient's vital signs and cardiorespiratory status is imperative
- alcohol or drug ingestion, and many injuries and illnesses can present as psychiatric disorders
 - a thorough history and physical assessment is necessary for every patient
- talk to the patient
 - use a quiet, supportive voice
 - reassure the patient
 - avoid accusations or judgmental statements

Dealing with a Patient Undergoing a Mental Health Crisis

- be prepared to spend time with the patient
- be as calm and direct as possible
- provide clear self identification
- interact with the patient in a direct, honest manner
 - do not lie to the patient
 - explain procedures in simple but clear terms
- never assume it is impossible to talk with any patient until it is attempted
- move slowly when approaching and caring for the patient
- if possible, assess the patient in their own environment prior to any intervention or transport
- if safety considerations allow, interview the patient in an area which permits some privacy
 - EMS personnel should not interview the patient where the patient and EMS personnel are out of sight of other members of the emergency response team
- if safety considerations permit, sit down to interview the patient and attempt to talk to them at their level
 - EMS personnel should position themselves to maintain a safe distance from the patient and are free to move away from the patient if required
- allow the patient to tell their story in their own way
- be professionally and optimistically interested in the patient's story
- use words of encouragement
- show respect and consideration for the patient's story
- maintain a non-judgmental attitude
- provide honest reassurance
- make a definite plan of action
 - orient the patient to what is happening
 - prepare the patient to take action to address their problem
 - do not confront the patient with decisions but indicate that the actions are in the patient's best interests
- encourage some motor activity on the part of the patient, injuries permitting
 - monitor the patient for safety concerns
 - monitor for difficulties moving
- stay with the patient at all times
- have police restrain patient only if necessary for personal protection and protection of the patient (see Refusal of Care Guideline)

NOTES: