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UNIT TERMINAL OBJECTIVE

5-12 At the end of this unit, the paramedic student will be able to describe and demonstrate safe, empathetic competence in caring for patients with behavioral emergencies.

COGNITIVE OBJECTIVES

At the completion of this unit, the paramedic student will be able to:

5-12.1 Define behavior and distinguish between normal and abnormal behavior. (C-1)
5-12.2 Define behavioral emergency. (C-1)
5-12.3 Discuss the prevalence of behavior and psychiatric disorders. (C-1)
5-12.4 Discuss the factors that may alter the behavior or emotional status of an ill or injured individual. (C-1)
5-12.5 Describe the medical legal considerations for management of emotionally disturbed patients. (C-1)
5-12.6 Discuss the pathophysiology of behavioral and psychiatric disorders. (C-1)
5-12.7 Describe the overt behaviors associated with behavioral and psychiatric disorders. (C-1)
5-12.8 Define the following terms: (C-1)
- a. Affect
- b. Anger
- c. Anxiety
- d. Confusion
- e. Depression
- f. Fear
- g. Mental status
- h. Open-ended question
- i. Posture

5-12.9 Describe the verbal techniques useful in managing the emotionally disturbed patient. (C-1)
5-12.10 List the reasons for taking appropriate measures to ensure the safety of the patient, paramedic and others. (C-1)
5-12.11 Describe the circumstances when relatives, bystanders and others should be removed from the scene. (C-1)
5-12.12 Describe the techniques that facilitate the systematic gathering of information from the disturbed patient. (C-1)
5-12.13 List situations in which the EMT-P is expected to transport a patient forcibly and against his will. (C-1)
5-12.14 Identify techniques for physical assessment in a patient with behavioral problems. (C-1)
5-12.15 Describe methods of restraint that may be necessary in managing the emotionally disturbed patient. (C-1)
5-12.16 List the risk factors for suicide. (C-1)
5-12.17 List the behaviors that may be seen indicating that patient may be at risk for suicide. (C-1)
5-12.18 Integrate the pathophysiological principles with the assessment of the patient with behavioral and psychiatric disorders. (C-3)
5-12.19 Differentiate between the various behavioral and psychiatric disorders based on the assessment and history. (C-3)
5-12.20 Formulate a field impression based on the assessment findings. (C-3)
5-12.21 Develop a patient management plan based on the field impressions. (C-3)

AFFECTIVE OBJECTIVES

At the completion of this unit, the paramedic student will be able to:

5-12.22 Advocate for empathetic and respectful treatment for individuals experiencing behavioral emergencies. (A-3)

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PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the paramedic student will be able to:

5-12.23 Demonstrate safe techniques for managing and restraining a violent patient. (P-1)

DECLARATIVE

I. Introduction
- A. Behavior
  - 1. Concept of normal behavior
    - a. Disagreement over what is “normal”
    - b. No clear definition or ideal model
    - c. Ideas of normal vary by culture/ ethnic group
    - d. Society accepts it
  - 2. Concept of abnormal behavior
    - a. Maladaptive behavior is more useful term
    - b. Deviates from society’s norms and expectations
    - c. Interferes with well being and ability to function
    - d. Harmful to individual or group
  - 3. Concept of behavioral emergencies
    - a. Unanticipated behavioral episode
    - b. Behavior that is threatening to patient or others
    - c. Requires immediate intervention by emergency responders (police, EMS, etc.)
- B. Behavioral and psychiatric disorders
  - 1. Description
    - a. Covers a broad range of conditions of varying severity
    - b. Group of disorders characterized by abnormal or maladaptive behavior
      - (1) Disturbance in normal functioning
      - (2) May be caused by emotional or physiologic conditions
      - (3) Create undesirable consequences
  - 2. Recognized types/ classifications
    - a. Cognitive disorders
    - b. Schizophrenia and other psychotic disorders
    - c. Mood disorders
    - d. Anxiety disorders
    - e. Substance related disorders
    - f. Somatoform disorders
    - g. Factitious disorders
    - h. Dissociative disorders
    - i. Eating disorders
    - j. Impulse control disorders
    - k. Personality disorders
- C. Epidemiology
  - 1. Incidence/ magnitude of mental health problem
    - a. Estimates vary with some as high as 20% of population
    - b. Incapacitates more people than all other health problems combined
    - c. Some researchers estimate that 1 person out of every 7 will require treatment for an emotional disturbance
  - 2. Common misconceptions
    - a. Abnormal behavior is always bizarre
    - b. All mental patients are unstable and dangerous
    - c. Mental disorders are incurable
    - d. Having a mental disorder is cause for embarrassment and shame

II. General psychopathology, assessment and management

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A. Psychopathology
  1. Biological/ organic
    a. Diseases/ toxins
      (1) Metabolic diseases
      (2) Infections, tumors
      (3) Alcohol, drugs
    b. Heredity
  2. Psychosocial
    a. Childhood trauma
    b. Parental deprivation
    c. Dysfunctional family structure
  3. Socio-cultural
    a. Environmental violence
      (1) War, riots
      (2) Rape, assault
    b. Death of a loved one
    c. Economic/ employment problems
    d. Prejudice and discrimination
    e. Cultural norms and expectations
B. Assessment
  1. Scene size-up
    a. Determine if a violent or potentially unsafe situation exists
      (1) Highest priority
      (2) Consider need for assistance from public safety personnel
      (3) Avoid becoming a victim
    b. In the absence of obvious danger, observe scene for information to assist with patient assessment and care
      (1) Signs of violence
      (2) Evidence of substance abuse
      (3) General environmental condition
  2. Initial assessment
    a. Limit number of people around patient, isolate patient if necessary
    b. Maintain alertness to danger
    c. Determine presence of life threatening medical conditions
    d. Rapid assessment of ABCs with intervention if required
    e. Observe overt behavior (affect) of patient and body language (posture, gestures, etc.)
    f. Note evidence of rage, elation, hostility, depression, fear, anger, anxiety, confusion, etc.
  3. Focused history and physical examination
    a. Remove patient from crisis or disturbing situation
    b. Center questions on immediate problem
    c. Establish rapport
      (1) Utilize therapeutic interviewing techniques
        (a) Engage in active listening
        (b) Be supportive and empathetic
        (c) Limit interruptions
        (d) Respect patient's territory, limit physical touch
      (2) Avoid threatening actions, statements and questions
      (3) Approach slowly and purposefully

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d. Note assessment findings
    (1) Physical/ somatic complaints
    (2) Intellectual functioning
        (a) Orientation
        (b) Memory
        (c) Concentration
        (d) Judgement
    (3) Thought content
        (a) Disordered thoughts
        (b) Delusions, hallucinations
        (c) Unusual worries, fears
    (4) Language
        (a) Speech pattern and content
        (b) Garbled or unintelligible
    (5) Mood
        (a) Anxiety, depression, elation, agitation
        (b) Level of alertness, distractibility
    (6) Appearance, hygiene, dress
    (7) Psychomotor activity

4. Management considerations
    a. Treat existing medical problems
    b. Maintain safety
    c. Control violent situations
    d. Medical legal considerations
        (1) Standard of care
        (2) Consent
        (3) Limitations of legal authority
        (4) Restraints
    e. Remain with patient at all times
    f. Avoid challenging personal space
    g. Avoid judgements
    h. Transport against patient's will when
        (1) Patient presents threat to self or others
        (2) Ordered by medical direction
        (3) Implemented by law enforcement authorities, if at all possible
    i. Types of restraints
        (1) Wrist/ waist/ ankle leather or velcro straps
        (2) Full jacket restraint
        (3) Other

III. Specific behavioral/ psychiatric disorders
A. Cognitive disorders
1. Psychopathology
    a. Organic etiology
        (1) Disease processes
            (a) Metabolic disorders
            (b) Infections
            (c) Neoplastic disease/ tumors
            (d) Endocrine disorders
            (e) Degenerative diseases

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(f) Cardiovascular disease
(2) Physical/ chemical injury
(a) Trauma
(b) Drug abuse
(c) Drug reaction
b. Disturbance of cognitive functioning
c. Types
(1) Delirium
(2) Dementia
2. Delirium
a. Inattention
b. Memory impairment
c. Disorientation
d. Clouding of consciousness
e. Vivid visual hallucinations
3. Dementia
a. Pervasive disturbance in cognitive functions
(1) Abstract thinking
(2) Judgement
b. Aphasia
c. Social impairments
4. General management for cognitive disorders
a. Protect and support
b. Assess and treat co-existing emergency medical problems
c. Transport to appropriate facility
B. Schizophrenia
1. Psychopathology
a. Gross distortions of reality
b. Withdrawal form social interaction
c. Disorganized thought, perception and emotion
d. Sub-types
(1) Schizophrenia
(2) Paranoia
(3) Others
2. Assessment findings
a. Delusions
b. Hallucinations
c. Disorganized speech
d. High risk for suicidal and homicidal behavior
3. Management
a. Protect patient and others
b. Maintain alertness for aggressive/ violent behavior
c. Appropriately restrain if needed
d. Manage existing medical emergencies
C. Anxiety disorders
1. General psychopathology
a. Apprehension, fears and worry dominate psychological life
b. Affects 2-4% of population
c. Increased autonomic activity
d. Types

(1) Panic disorders
(2) Phobias
(3) Posttraumatic syndrome

2. Panic disorders
   a. Assessment findings
      (1) Recurrent attacks of sudden anxiety
         (a) Surges of extreme dread
         (b) Symptoms develop over a few minutes
         (c) Unprovoked or related to particular stimulus
      (2) Autonomic signs and symptoms
         (a) Chest tightness, shortness of breath, hyperventilation
         (b) Palpitations, dizziness, sweating
      (3) May mimic a variety of medical emergencies
   b. Management
      (1) Assess for organic causes
      (2) Provide empathetic reassurance
      (3) Treat hyperventilation
      (4) Consult medical direction for pharmacological intervention
3. Phobias - exaggerated, sometimes disabling, frequently inexplicable fear
   a. Assessment findings
   b. Management
4. Posttraumatic syndrome
   a. Assessment findings
      (1) Anxiety reaction to a severe psychosocial event
         (a) Usually life threatening, i.e., military service, rape
         (b) Repetitive, intrusive memories
      (2) Depression, sleep disturbances, nightmares
      (3) Survivor guilt
      (4) Frequently complicated by substance abuse
   b. Management
      (1) Support and protect
      (2) Transport for psychiatric assistance

D. Mood disorders
1. Psychopathology and assessment
   a. Depression
      (1) Impaired normal functioning
      (2) One of the most prevalent major psychiatric condition - affects 10-15% of general population
      (3) Episodic with periods of remission
         (a) Gradual or rapid onset
         (b) Clustering of episodes
      (4) Major cause of suicide - 15% risk
      (5) Signs and symptoms of depression
         (a) Persistent, unrelenting sadness
         (b) Inability to experience pleasure
         (c) Loss of normal activity
         (d) Sleep disturbances, loss of appetite
         (e) Psychomotor agitation or retardation
      (6) Potential for suicide
         (a) Recent depression

(b) Recent loss (example - family member death, financial setback, divorce, etc.)
(c) One of the leading causes of death in 15-45 year olds
(d) Women attempt suicide more frequently than men
(e) Men actually commit suicide more frequently than women
(f) Older men - over 55 years of age - are most likely to succeed at suicide
(g) Thoughts about and plans for suicide
(h) The more detailed a plan for suicide, the greater the risk
(i) Alcohol ingestion frequently occurs with suicide gestures

b. Bipolar
(1) Alternating periods of depression with manic behavior
(2) Elation or irritability
(3) Expansive, energetic, gregarious
(4) Quickly becomes argumentative and hostile if thwarted
(5) Depressive periods greater than manic episodes
(6) Decreased need to sleep
(7) Racing thoughts, speech
(8) Delusional
(a) Grandiose ideas
(b) Unrealistic plans

2. Management
a. Protect and support
b. Maintain supportive, calm environment
c. Avoid confrontational comments if patient is manic
d. Do not leave alone if patient is depressed or suicidal
e. Treat existing medical emergencies

E. Substance related disorders
1. Dependence
2. Abuse
3. Intoxication

F. Somatoform disorders
1. Somatization
2. Conversion disorder

G. Factitious disorders
H. Dissociative disorders
I. Eating disorders
1. Anorexia nervosa
2. Bulimia nervosa
J. Impulse control disorders
K. Personality disorders

IV. Special behavioral problems
A. The suicidal patient
B. The violent patient
C. Behavioral problems in children

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