



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

Call for help
Call for additional resources
Stage prior to arrival
or
Withdraw from scene until safe

Screen patient for weapons
Screen for scene safety

Assess for underlying medical or traumatic condition causing behavioral disturbance

Age Appropriate Protocol(s)

Establish rapport

- Genuine respect for feelings/ circumstances
- Active listening
- Eye contact and at meet at eye level

Create a quiet and safe environment

- Only 1 provider talks to patient to limit stimuli
- Decrease unnecessary stimuli

Identify major problem or crisis

- "What happened to upset you?"
- "How are you feeling right now?"

Assess for suicidal and/or homicidal thoughts

Identify major problem or crisis

- "What happened to upset you?"
- "How are you feeling right now?"

Exit to
Behavioral
Agitation/ Sedation Guide
UP 18
Hyperactive Delirium with
Severe Agitation
UP 19
Age Appropriate
Protocol(s)

Assess and score: BARS
Behavioral Activity Rating Scale

P

Evaluation and Screening
Mental Health and Substance Use Protocol
CIT Paramedic Only
if available
Page 3

Triage and Alternative Destination
Mental Health / Substance Abuse
if available
Page 3

Notify Destination or
Contact Medical Control

- BARS**
- 1 – Difficult or unable to wake
 - 2 – Asleep, but responds normally to verbal or physical stimuli
 - 3 – Drowsy, appears sedated
 - 4 – Quiet and awake (normal activity)
 - 5 – Overt activity (physical or verbal) Agitated but not disruptive
 - 6 – Extremely or continuously active, Agitated, disruptive, but not violent
 - 7 – Violent, requires restraint Agitated and violent

Universal Protocol Section



Behavioral Health Crisis



Scene safety:

- First priority is safety of on scene personnel. Protect yourself and others by requesting law enforcement.
- Do not approach patient if armed with any type weapon or reasonable suspicion of weapon.
- Retreat from scene to safe staging area if scene is or becomes unsafe at any point.

General:

- Behavioral emergencies may be precipitated by an underlying medical condition even with known psychiatric disease.
- Be vigilant in your assessment to make sure an underlying medical condition is not the cause, but assume medical condition is precipitating cause.
- Psychosis may include head trauma, hypoglycemia, acute intoxication, sepsis, CNS insult, hypoxia and ingestions. Psychosis and delirium may be very difficult to distinguish.
- **Search/ screen patient(s) to ensure no weapons even if law enforcement has done so.**

Use SAFER model:

- S**tabilize the situation by containing and lowering the stimuli (remove unnecessary personnel, remove patient from stress, reassure, calm and establish rapport).
Position yourself between patient and an exit.
Keep hands in front of your body (non-threatening posture).
Only one provider should communicate with patient.
Outline the patient's choices and calmly set some boundaries of acceptable behavior.
- A**ssess and acknowledge crisis
- F**acilitate resources (Friends, family, police, chaplain)
- E**ncourage patient to use resources available and take actions in their best interest
- R**ecovery or referral: Patient in care of responsible person, professional or transport to medical facility.

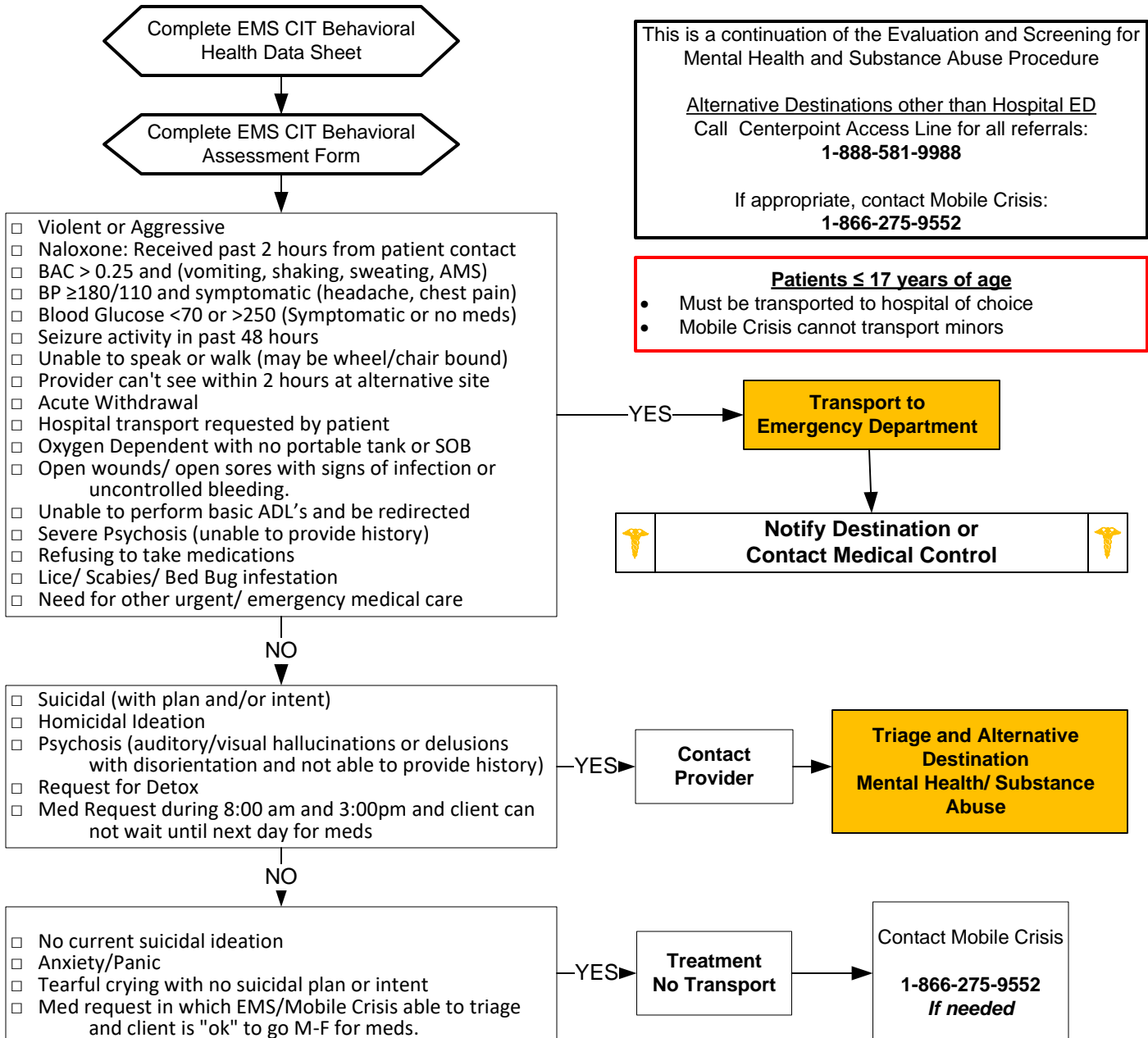
Pearls

- **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



Alternative Destinations available in Stokes and Forsyth County

ARCA (336) 784-9470	Daymark Mobile Crisis (336) 983-0941	Youth Haven (336) 356-1024 336-769-6398	Novant Behavioral Health Assessment Center (336) 718-3550	Daymark BHUC (336) 955-8430
1931 Union Cross Rd. Winston-Salem	232 Newsome Rd. King	131 Plant St. Walnut Cove	175 Kimel Park Dr. Winston-Salem	Transport once cleared by CP
Open 24 hours Must call for appointment	Monday – Friday 8A – 5P	Open Access Hours Thursday: 1P – 5P		650 N. Highland Ave. Winston-Salem
Daymark Mobile Crisis 1-866-275-9552 1-877-492-2785	VAYA Access Line 1-800-849-6127	Old Vineyard 1-855-234-5920 336-794-3550	Open 24 hours Must call for appointment	Open 24 hours daily
Clinician on site	Clinician via phone	3637 Old Vineyard Rd. Winston-Salem	Insight (336) 287-2411	National Suicide Prevention Line 988
Open 24 hours daily	Open 24 hours daily	Open 24 hours	Open 24 hours	