



# Psychiatric Emergencies



January GEMRU Training  
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# Psychiatric Disturbance & Excited Delirium

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# Excited Delirium

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Symptoms: agitation, anxiety, hallucination, disorientation, violent and bizarre behavior, insensitivity to pain, elevated body temperature and superhuman strength, fast breathing (acidosis)

Can lead to cardiac/respiratory arrest, often from being tased

Commonly found in: males, alcohol withdrawal patients, drug use, head injury pts, mental illness

<https://www.youtube.com/watch?v=k8eyWHf1y50>

# Psychiatric Disturbance

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A psychiatric disturbance is defined by an individual who is presenting with acute mental distress or disability not associated with a medical condition.

- can be mental or behavioral

- interferes with daily behaviors and interactions with others

- can be specific (anxiety attack, schizophrenic attack), or generalized unusual behavior

<https://www.youtube.com/watch?v=T5bX5a8FZ9E>

# What to do

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- contact LEA immediately (if not already present)
- assess whether the scene is safe
- once scene is secure, attempt to deescalate the situation
  - tips:
    - one person at a time
    - always have an exit
    - do not touch patient if not necessary, and explain everything to pt if you are going to touch them
- assess patient as usual (vitals, SAMPLE, etc)

# Attempted Suicide

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# Overview

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MOST IMPORTANT: treat life threatening emergencies

If time: gather patient information, vitals, history, history of suicide attempts, etc

- Scene safety is vital
- contact LEA
- make the patient comfortable, listen to them, validate their concerns

# Suicide Assessment

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## DEAD PIMP

D: disorder/depression

E: environmental stressors

A: access to firearms

D: disinhibition

P: previous attempts

I: ideation

M: male

P: plan

## Method (success rate)

Firearms (82.5%)

Drowning (66%)

Hanging / Suffocation (61%)

Gas Poisoning (42%)

Jumping (34.5%)

Ingestion (1.5%)

Cutting (1.2%)



# Scenarios!!

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