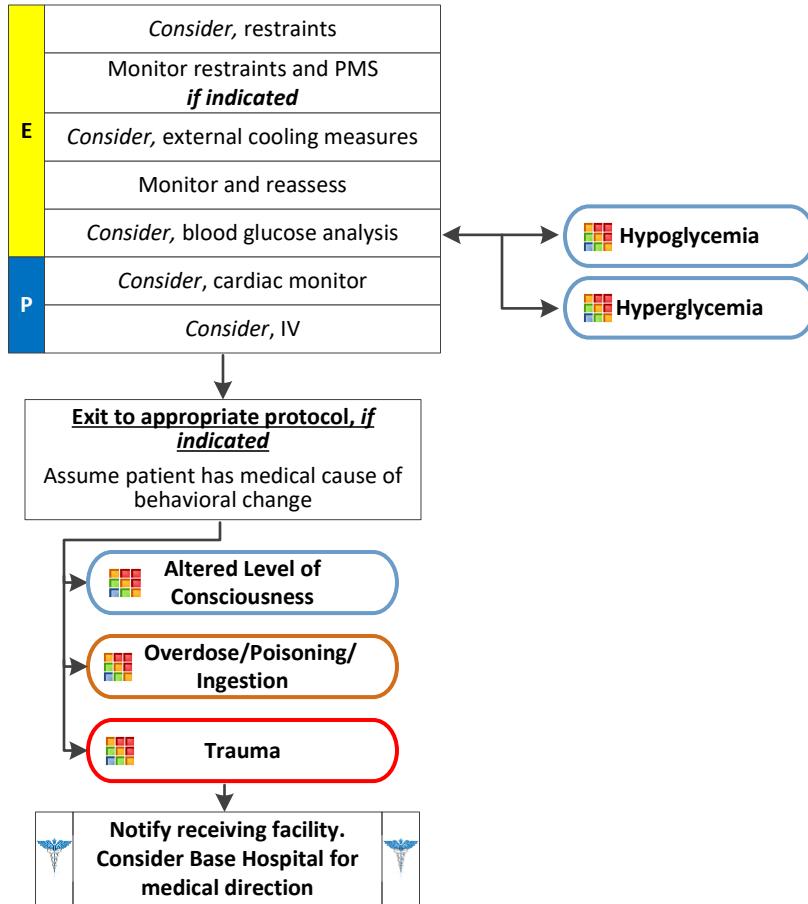


Behavioral/Psychiatric Crisis

For psychiatric crisis that is the primary problem. NOT for anxiety/agitation secondary to medical etiology, use primary impression related to medical issue

History	Signs and Symptoms	Differential
<ul style="list-style-type: none"> Situational crisis Psychiatric illness/medications Injury to self or threats to others Medical alert tag Substance abuse/overdose Diabetes 	<ul style="list-style-type: none"> Anxiety, agitation or confusion Affect change or hallucinations Delusional thoughts or bizarre behavior Expression of suicidal/homicidal thoughts 	<ul style="list-style-type: none"> Altered mental status Alcohol intoxication Toxin / substance abuse Medication effect/overdose Withdrawal symptoms Psychiatric (eg. Psychosis, Depression, Bipolar etc.) Hypoglycemia



Pearls

- Crew/responder safety is the main priority.
- Any patient who is handcuffed by Law Enforcement and to remain handcuffed and transported by EMS must be accompanied by Law Enforcement in the ambulance.
- All patients who receive physical restraint must be continuously observed by EMS personnel. This includes direct visualization of the patient as well as cardiac and pulse oximetry monitoring.
- Consider all possible medical/trauma causes for behavior (e.g., hypoglycemia, overdose, substance abuse, hypoxia, seizure, head injury, etc.).
- Do not overlook the possibility of associated domestic violence or child abuse.
- Do not position or transport any restrained patient in a way that negatively affects the patient's respiratory or circulatory status (e.g., hog-tied or prone). Do not place backboards, splints, or other devices on top of patient.
- If restrained, extremities that are restrained will have a circulation check at least every 15 minutes. The first of these checks should occur as soon after placement of the restraints as possible and shall be documented in the PCR.

