

E. BEHAVIORAL EMERGENCIES

1. Inclusion Criteria

Behavior or actions that indicate the patient's mental function is disturbed and may pose a threat to oneself or to others (suicide, threat of violence, or psychosis).



THE CLINICIAN SHOULD RECOGNIZE CRITICAL INCIDENT STRESS AS A STATE OF EMOTIONAL DISTRESS THAT DOES NOT NECESSARILY POSE A THREAT TO ONESELF OR OTHERS (E.G., DEATH IN THE FAMILY, BYSTANDERS AT A CRASH SCENE, OR REACTION TO VIOLENCE).

THE PREHOSPITAL CARE CLINICIAN SHOULD NOT BE PLACED IN ANY PHYSICAL JEOPARDY OR ASSUME ANY LAW ENFORCEMENT FUNCTIONS, ESPECIALLY WHEN WEAPONS AND/OR ACTS OF VIOLENCE ARE INVOLVED!

LAW ENFORCEMENT SHOULD BE REQUESTED ON ALL CALLS INVOLVING POTENTIALLY VIOLENT PATIENTS.



2. Treatment

- a) When considering the prehospital use of restraints, a law enforcement officer should apply the device and accompany the clinician and the patient in the ambulance.
- b) For interfacility transport, a physician order must be obtained for physical restraint.
- c) Implement **SAFER** model.
 - (1) **S**tabilize the situation by containing and lowering the stimuli.
 - (2) **A**ssess and acknowledge the crisis.
 - (3) **F**acilitate the identification and activation of resources (chaplain, family, friends, or police).
 - (4) **E**ncourage patient to use resources and take actions in their best interest.
 - (5) **R**ecovery or referral—leave patient in care of responsible person or professional or transport to appropriate facility.

E. BEHAVIORAL EMERGENCIES (Continued)



- d) Establish IV access with LR, if appropriate.
- e) Consider Chemical Restraint.