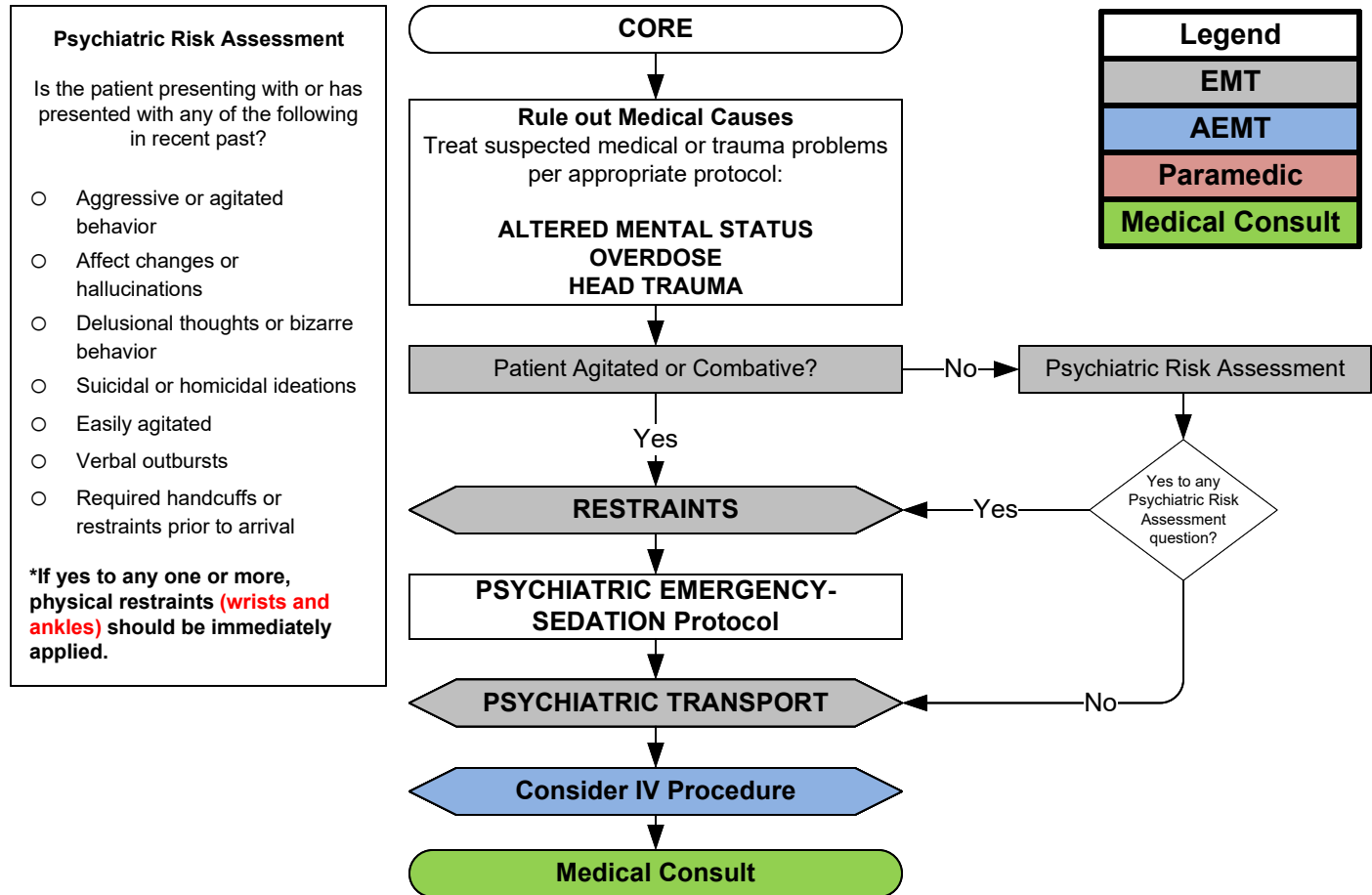


PSYCHIATRIC EMERGENCY

History: ○ Situational crisis ○ Psychiatric illness/medications ○ Injury to self or threat to others ○ Medic alert tag ○ Substance abuse / overdose ○ Diabetes ○ SAMPLE ○ Any weapons on person or in bags	Signs and Symptoms: ○ Anxiety, agitation, confusion ○ Affect change, hallucinations ○ Delusional thoughts, bizarre behavior ○ Combative, violent ○ Expression of suicidal / homicidal thoughts	Differential: ○ Alcohol Intoxication ○ Toxin / Substance abuse ○ Medication effect / overdose ○ Withdrawal syndromes ○ Depression ○ Bipolar (manic-depressive) ○ Schizophrenia ○ Anxiety disorders
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Pearls:

- Perform Psychiatric Risk Assessment early. If the patient presents with any one of the findings, physical restraints should be immediately applied, preferably with the assistance of law enforcement.
- DO NOT be fooled by the patient's current demeanor. If the patient has displayed any type of behavior identified in the Psychiatric Risk Assessment in the recent past, the patient should be restrained.
- Often times, these patients are encountered despite the emergency being called in as something different. Immediately seek assistance from law enforcement if they are not already on scene.
- If your region has approved alternative destinations for psychiatric transports, complete the Behavioral Healthcare Program—Field Medical Clearance (see Appendix).
- Removing the patient from stressful environment and employing verbal techniques to calm the patient may be helpful.
- Caution should be exercised when administering IN medications to agitated/combative patients to avoid being bitten.
- Your safety first!! Consider the patient having weapons/physical altercation potential in back of confined unit.
- If you suspect the patient of having a weapon, elicit the assistance of law enforcement to check the patient for weapons.
- The presence of irrational behavior, hallucinations, alternating periods of lethargy followed by excitement, screaming and kicking following ketamine administration may be associated with emergence phenomena and will likely respond better to midazolam instead of additional ketamine.
- Patients with Hyperactive Delirium with Severe Agitation will typically present with elevated temperature and cooling measures should be employed.
- In case of threat in the unit: Stop, Exit, Open (the 2nd door), Stand (with your partner), & Communicate.
- Keep it simple. Psychotic & stressed patients do not process complicated messages. Do not irritate the patient with a prolonged exam.
- Be sure to consider all possible medical/trauma causes for behavior. Consider the mnemonic AEIOU-TIPS.