

# BEHAVIORAL EMERGENCIES

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> <li>• Situational crisis</li> <li>• Psychiatric illness/meds</li> <li>• Injury to self or threats to others</li> <li>• Detailed plan</li> <li>• Substance abuse or overdose</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety, agitation, confusion</li> <li>• Affect change</li> <li>• Hallucinations</li> <li>• Delusional thoughts, bizarre behavior</li> <li>• Combative, violent</li> </ul>	<ul style="list-style-type: none"> <li>• AMS</li> <li>• Diabetic emergency</li> <li>• Stroke</li> <li>• Overdose Hypoxia</li> <li>• Head trauma</li> <li>•</li> </ul>

		EMR	EMT	PM
1.	Ensure scene safety	•	•	•
2.	Contact Law Enforcement when appropriate	•	•	•
3.	Protect patient from harm to self and/or others if EMS safety ensured	•	•	•
4.	Attempt verbal de-escalation	•	•	•
5.	Do not participate in patient's delusions/hallucinations	•	•	•
6.	Warn acutely psychotic/unpredictable patient before making physical contact (e.g., VS measurement)	•	•	•
7.	Document all pertinent behavior (e.g., tearful, flat affect, verbally combative, physically threatening posture, obvious internal stimuli like auditory hallucinations)	•	•	•
8.	Consider medical etiology for abnormal behavior and cognition Hypoxia Metabolic Disorder ( <a href="#">hypoglycemia</a> ) <a href="#">Stimulant overdose</a> (amphetamines) Depressant withdrawal (alcohol or benzodiazepines) Neurologic disease ( <a href="#">stroke</a> , <a href="#">seizure</a> , delirium, dementia) Trauma ( <a href="#">head injury</a> , blood loss)	•	•	•
9.	If can confirm medical etiology and it is safe to approach the patient, treat medical causes per protocol	•	•	•
10.	If cannot confirm medical etiology, or it is NOT safe to approach the patient, refer to below	•	•	•

**INVOLUNTARY PATIENT TRANSPORT:** danger to themselves or others, refusing transport to hospital - LE participation

11.	Ensure Law Enforcement presence	•	•	•
12.	Obtain Law Enforcement <u>participation</u> in involuntary	•	•	•
13.	Coordinate approach and restraint procedure with Law Enforcement	•	•	•
14.	Secure all 4 extremities using commercial restraints. NEVER leave patient prone after secured.	•	•	•
15.	Continue to monitor patient throughout transport to include PulseOx, capnography, and cardiac monitor	•	•	•
16.	Document incident thoroughly.	•	•	•