

Behavioral Disorders

*** CME Version ***

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Definition

Behavioral disorders exist when a person exhibits a behavior that is outside the norm. In other words, substantially different than is acceptable to society.



Physical causes

- Hypoglycemia
- Hypoxia
- Hypovolemia
- CVA
- Head trauma
- Drugs or alcohol
- Hypothermia
- Hyperthermia
- Organic Brain Syndrome ("OBS")



Psychiatric causes

- Major depression
- Manic depression
- Schizophrenia



Assessment

- Identify yourself and your role
- ***Thoroughly assess to rule out other causes!***



Signs and symptoms

- Panic, anxiety
- Unusual appearance
- Agitated
- Unusual speech patterns
- Bizarre behavior or thought patterns
- Suicidal gestures
 - **If they've tried before, they will again**
- Self destructive behavior
- Aggression
- Violent behavior



Treatment

- **Scene and personal safety!**
- **Make sure that the patient does not get between you and the exit to safety**
- ABCs
- Place patient in position of comfort
- **Consider other causes of abnormal behavior!**



Treatment

- Calm conversation – attempt to develop a rapport with the patient
- Restrain if needed – have PD there prior to restraining
 - **Ensure that ABCs are not compromised!**
- Transport
- Document the reason for restraining on the ACR



Some common sense ideas

- **Get rid of nonessential people**
 - EMTs
 - Bystanders
- Involve family only if it will help
- **Never lie to the patient!**



ALS Treatment

1. Begin Basic Life Support procedures.

NOTE: ASSESS SUCH PATIENTS FOR AN UNDERLYING MEDICAL OR TRAUMATIC CONDITION CAUSING AN ALTERED MENTAL STATUS AND TREAT AS NECESSARY.

2. Contact medical control if patient agitation inhibits treatment.
3. POST IM or IN SEDATION: Begin an IV/Saline Lock infusion of Normal Saline (0.9% NS) to keep vein open, or a Saline Lock.
4. Begin cardiac monitoring, record and evaluate EKG rhythm.
 5. Apply pulse-oximeter. NOTE: IN ORDER TO PROTECT PATIENT'S AIRWAY, CONSIDER PLACING PATIENT IN A LATERAL RECUMBENT POSITION.
6. If patient is at risk for respiratory or cardiac arrest by continuing to struggle while being physically restrained by the police, contact medical control for implementation of one of the following MEDICAL CONTROL OPTIONS:



ALS Treatment

MEDICAL CONTROL OPTIONS:

- Prehospital Chemical Restraint Procedure
 - NOTE: IF PATIENT IS AGITATED, THE INITIAL ROUTE OF CHOICE IS IM OR IN. ONCE THE PATIENT IS SEDATED, IV ACCESS SHOULD BE ESTABLISHED IN THE EVENT ADDITIONAL SEDATION IS NECESSARY.

- OPTION A: Administer Diazepam, 5 – 10 mg, IV/Saline Lock bolus.
 - OR
 - Administer Midazolam, 1 – 2 mg, IV/Saline Lock bolus or if IV access is unavailable, administer Midazolam, 10 mg IM or IN.
 - OR
 - Administer Lorazepam, 2 – 4 mg, IV/Saline Lock bolus or if IV access is unavailable, administer Lorazepam, 4 mg IM or IN.

- OPTION B: Transportation Decision.