

<b>POLICY:</b>	<b>BEHAVIORAL EMERGENCY: JUDGMENT OF UNCOOPERATIVE OR IMPAIRED PATIENT – 300.16</b>		
<b>APPROVAL:</b>	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
<b>EFFECTIVE DATE: 9/1/2016</b>	<b>CURRENT REVIEW/REVISION DATE: 8/16</b>	<b>SUPERSEDES: N/A</b>	<b>ORIGINAL EFFECTIVE DATE: 08/16</b>
<b>DEPARTMENT SPECIFIC</b>		<b>EMERGENCY MANAGEMENT SYSTEM</b>	

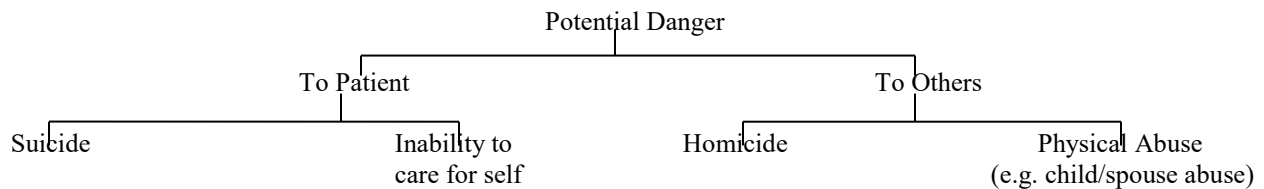
**I. Purpose:**

To set guidelines for the care of a patient with impaired judgment or a behavioral emergency in which the patient exhibits erratic, bizarre or inappropriate behavior.

**II. Procedure:**

**A. UNCOOPERATIVE IMPAIRED PATIENT/BEHAVIORAL EMERGENCY**

1. Scene Safety: Assess competency and potential danger to yourself or others by observation, direct exam, and reports from bystanders including:



2. Identify yourself and attempt to gain the patient's confidence in a non-threatening manner.
3. Contact Medical Control, police, and/or fire department backup as appropriate.
4. Consider and attempt to evaluate for possible causes of behavioral problems. Initiate treatment as situation allows. Examples include:
  - a. Hypoxia
  - b. Hypotension
  - c. Hypoglycemia
  - d. Trauma (i.e. head injury)
  - e. Alcohol/drug intoxication or reaction
  - f. Stroke
  - g. Post-ictal states/seizures
  - h. Electrolyte imbalance
  - i. Infection
  - j. Dementia (i.e. acute or chronic organic brain syndrome)
  - k. Psychiatric illnesses
    - depression (suicidal)
    - severe anxiety
    - psychotic episodes/hallucinations
    - homicidal (i.e. harm to self or others)
5. If the patient is judged to be either:

