

<b>POLICY:</b>	<b>200.06 BEHAVIORAL EMERGENCY</b>		
<b>APPROVAL:</b>	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
<b>EFFECTIVE DATE: 2/15/2024</b>			<b>ORIGINAL EFFECTIVE DATE: 08/16</b>
<b>DEPARTMENT SPECIFIC</b>		<b>EMERGENCY MEDICAL SERVICES</b>	

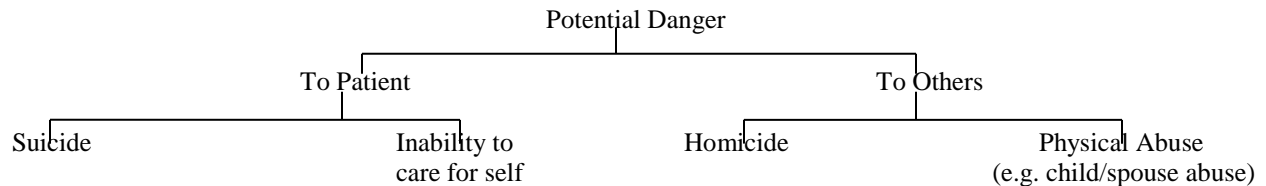
**I. Purpose:**

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
    - o depression (suicidal)
    - o severe anxiety
    - o psychotic episodes/hallucinations
    - o homicidal (i.e. harm to self or others)
5. If the patient is judged to be either:
  - a. suicidal, or

- b. clearly incompetent and dangerous to self or others, pre-hospital providers should carry out treatment and transport in the interest of the patient's welfare, employing the following guidelines:
  - i. At all times pre-hospital providers should avoid placing themselves in danger; at times this may mean a delay in the initiation of treatment until the personal safety of the provider is assured.
  - ii. Try to obtain cooperation through conventional means.
  - iii. If the patient resists, reasonable force may be used to restrain the patient from doing further harm to self or others. (see Policy [300.17 Use of Restraints](#))
  - iv. Police shall be notified prior to all involuntary removals, excluding institutionalized patients.
  
- 6. In an uncooperative patient, the requirement to initiate assessment and full advanced life support (ALS) service may be waived if doing so may endanger the patient or pre-hospital provider. Document clearly the reasons ALS care was aborted.
  
- 7. All patients with a psychiatric history who do not have a petition completed by a licensed clinical social worker or other appropriate mental healthcare provider must be medically evaluated by an emergency department licensed independent provider (physician, physician assistant, advanced practice nurse).
  
- 8. Patients requiring restraints for transfer should have appropriate documentation regarding the use of restraints noted in the Patient Care Report.

**Approval:**

\_\_\_\_\_  
**James Kirchner**                      **Date**  
**Vice President of Professional Services**

\_\_\_\_\_  
**Kathleen Geiger MSN, RN**                      **Date**  
**Manager of EMS & Emergency Management**