

**Northwest Community EMS System
March 2020 CE: Behavioral Emergencies**

Name:	Date submitted:
EMS Agency/hospital:	Credit awarded (date):
EMSC/Educator reviewer:	Returned for revisions:
	Revisions received:

This packet earns you the equivalent of the 1 ½ hours of live or Zoom CE class. The remainder of the allotted 2 hours is earned by completing the mandatory yearly Restraints competency.
Sources: March 2020 CE handout; SOPs; Resource Documents and Zoom video posted to website.

1. Consider the themes listed on the “Prevailing Themes...” slide of the CE presentation. What thoughts, if any, do you have with regards to “psyc” calls? (No right or wrong answers!)

2. Consider the “Stigma: Effects on the individual EMS Provider” slide. How might a judgmental, negative attitude to behavioral illness on your part impact a co-worker’s likelihood of approaching you to confide and seek support?

3. EMS’ safety is Priority 1 when responding for a patient with possible behavioral issues. List one action you always take to protect yourself. (SOP p 36, IMC Special Considerations)

4. Consider the “Priorities” slide and the Behavioral SOP (p 36). Why is it important to complete a rapid primary assessment in the setting of a patient who appears to have a behavioral emergency?

5. According to SOPs and CE slides, describe assessments/observations that must be included and met regarding the following, in determining whether a patient is decisional or not:

Alertness and orientation:
Speech:
Affect: What are some examples?
Behavior:
Cognition:

6. Insight: According to SOPs, the decisional patient must demonstrate the ability to appreciate what?

7. Insight: According to SOPs, the decisional patient must demonstrate understanding of what?

8. Insight: According to SOPs, if the patient wishes to follow a different plan of care than what is recommended, what criteria must their chosen alternative meet?

9. Can the non-decisional patient consent to care? Can they refuse care? (Two responses required)

Read the scenario, “Your First Patient” (below). Then answer the following questions.

An adult female is in the company of her friend who called 911. The caller states the patient has been depressed since her husband left her suddenly 3 weeks ago. Today, the friend arrived unexpectedly and found the patient in her garage crying and tying a rope to the rafters. The patient is tearful and answers “I just want to be left alone, please” to most of EMS’ attempts to speak with her. She keeps her head down and holds her hand over her eyes and forehead. She moves very slowly if at all.

EMS finds a heavy rope on the garage floor next to a ladder. EMS expresses their concern to the pt that they are concerned for her safety because of today’s events and the concerns her friend has shared. She responds only “I just want to be left alone” when EMS attempts suicide screen questions.

The patient is informed that EMS plans to transport her to the hospital where she can talk with persons who will make sure that she is safe. The patient becomes more upset , says “No, I don’t want to go” and begins crying harder.

10. Does this patient *demonstrate insight* that would render her decisional? Support your answer with observations from the above scenario.

11. A patient refuses to cooperate or engage in communication that allows you to determine whether they have insight / are decisional. Are they considered decisional or non-decisional?

12. What is the next action EMS should take since the patient is refusing care but is not decisional?

13. If a petition were to be created for this patient, who is the best person/party to do so? Explain why you chose the person you did.

Read the scenario, “Your next patient”, below. Then answer the following questions.

A 40 y/o adult male who lives alone has not come to work for 3 days. His parents were contacted and when the pt did not answer the door, police were called and entrance was made forcibly. The pt is adamant that he is fine and is within his rights to refuse EMS’ offers to go to the hospital. He says he has not gone to work because he was sick, and did not notify them because he was sleeping and lost track of time. He says he doesn’t feel well and just wants to be left alone to sleep. His is disheveled and appears gaunt and dehydrated. A full bottle of prescription sleeping pills (not prescribed for him) was found next to him along with a nearly empty bottle of bourbon.

EMS notes the following:

Speech is clear but slow, and his voice is very soft. Pt is oriented x4, alert and engages in brief sustained conversation appropriately.

Affect: downcast and somber.

Behavior: he has a sorrowful expression. He sits very still, and avoids eye contact.

Cognition: coherent conversation.

Pt states the sleeping pills are there “in case I couldn’t sleep” but that he has not taken any. There is little food in the house. The patient admits to not eating for several days because he has not felt hungry.

EMS voices their observations: it appears he has not been able to care for himself very well lately and that he seems extremely sad for some reason. They tell the pt they are concerned for his well-being and that they feel it would be best for the patient to go “get checked out”, to make sure he is OK.

Patient’s reply: Listen, thanks for offering to help but there’s really nothing to worry about. I’m going to go shower and then get some food. Sorry to make you come out here. Mom and dad said they’d stay around if I want. I’ll be fine.

14. Has this patient demonstrated that he understands what is concerning about his behavior (“appreciate the implications of the situation and consequences of their decision”)? Why or why not?

15. Do you find any concerns with the actions of the above patient, or with the situation / environment as it is described by EMS?

16. If the decision is made to allow this patient to refuse, does it need to be called in to OLMC? Why/why not? Support your decision according to the Refusal of Service policy.

Read the scenario, “Another patient”, below. Then answer the following questions.

A caller from NY State has called 911 about her friend who lives in your district. The caller states that her friend’s fiancée died in an accident 5 months ago, and that the pt told her tonight that she had no desire to go on living. The caller added that the pt has a hx of depression and is not currently on meds, and that her job is in jeopardy due to persistent difficulties with concentration.

17. What is one behavior or interviewing technique that communicates to the patient that you are interested in what she has to say?

The scenario continues:

The patient is alert & oriented, speech is clear w/ normal rate and volume. Conversation is coherent. She is calm and cooperative. She is tearful and her expression is one of grief and sadness. Her surroundings are tidy with no evidence of violence. There are no indicators of substance use other than 3 unopened bottles of wine in a wine rack. The pt herself is well-groomed.

The patient tells EMS that yes, she is very, very sad and just feels there is no point in anything anymore because “Steve” was her entire life. She says everyone tells her she just needs some time, but she can’t keep going through this pain day after day. Things are just getting worse instead of better.

EMS: You’ve been struggling with this on your own for quite a while, and you say you’re not feeling very hopeful that things will get better. Sounds like it’s impacting your job situation as well. We’d like to take you to talk to someone who will make sure you’re safe and who can get you connected with some help. Would you be OK with that?

Patient’s response: No, I’ll be OK. I can do this on my own.

23. Describe the process for asking the 6 suicide screen questions (which one, when).

Question 1	
Question 2	
Question 3	
Question 4	
Question 5	
Question 6	

24. What is the expected action of EMS if a patient answers “yes” to questions #4, #5 or #6?

25. The suicide screen is documented in ImageTrend, and is accessed via the.

26. The Doctrine of Necessity protects EMS with regards to use of restraints, provided EMS can demonstrate the following requirement, as discussed on page 2 of the Use of Restraints section of the Emotional Illness and Behavioral Emergencies Policy.

27. It is expected that EMS will make every effort to avoid use of restraints. What is the first, most desired and non-physical method to gain patient cooperation and diffuse tension is

28. If EMS must transport a patient who is in handcuffed and in Police custody, what are the only 2 options for safe transport of the patient, should the cuffs need to be emergently removed?

29. Per Use of Restraints policy, nothing shall be placed over the restrained patient's face, head or neck.
Which of the following would be acceptable means for EMS to protect themselves? (Check all that apply)

Surgical or oxygen mask on patient

Spit hood on patient

Pillow case over patient's head

PPE applied to EMS providers

30. You are transporting a patient who was severely agitated and was restrained. Ketamine was given for persistent agitation and struggling. In spite of EMS' diligent monitoring of this patient, he arrested and died. What actions must EMS take following completion of the call?