Northwest Community EMS System

CE Credit Questions – March 2022

Behavioral Emergencies

Name:	Date submitted:
EMS agency or hospital:	Credit awarded -date:
EMSC/Educator reviewer:	Returned for revisions:
	Revisions received:

This packet earns you the equivalent of the 2 hours of continuing education / CE class.
Sources: March 2022 PowerPoint PDF for credit questions; Class handout (PCRs); SOPs

1. Define mental illness. (PPT slide 6)

2. How does that differ from mental health as it relates to a person's overall wellbeing? (PPT slide 7)

3. Indicate the "level" of brain function corresponding to each of the following statements (PPT slides 14-17)

1 = Reptilian **2 = Limbic** **3 = Neocortex** **4 = Prefrontal cortex**

Considering the likelihood that a comment made by a close friend was not intended to be hurtful	
Motivation is self-protection	
Creation of a plan to subdue an agitated patient who is physically threatening EMS	
Mostly unconscious functioning	
Fight or flight	
Lashing out verbally in anger in response to an intoxicated patient making derisive comments about your mother	

4. *List one aspect* of emotional intelligence where EMS providers can take steps to strengthen their skills, to better prepare for when a patient's behavior demands great emotional self-control by EMS. (PPT slide 18)

5. When encountering a patient who is agitated, what *variables specific to that patient* must EMS consider when formulating a plan / response? (PPT slides 20)

6. *List 2 principles* to employ in your communication with a patient who is agitated. (PPT slide 21)

Read PCR #1 (62/F) in the Class Handout. Then answer questions 7-10.

7. What etiology for this patient's presentation do you suspect? (SOPs)

8. ***List two*** assessment findings/S&S supporting your answer to question 7? (SOPs; PPT slide 23)

9. What PMH does this have that puts her at high risk for this condition? (SOPs)

10. What ALS intervention would have been appropriate for this patient, and what would your goal be? (SOPs)

11. If there was no or inadequate response to the above intervention, what is indicated next? (SOPs)

12. What pre-arrival communication would have been appropriate for this patient? (SOPs)

13. What are the ***two*** specific pieces of knowledge that must be provided to a patient, in order that they may be "fully informed", and able to make an informed decision? (PPT slide 27)

14. List the ***2 indications*** for naloxone. (PPT Slide 42, NWC EMS SOP drug index)

15. What conclusion can be drawn from PPT slide 33, "Half-life", with regards to known duration of action for naloxone? (PPT Slide 33, 42)

16. What is the desired response that guides administration of additional naloxone doses? (PPT slide 43; NWC EMSS SOP drug index)

17. Why is it true that patients who overdose on narcotics will not always have pinpoint pupils? (PPT slide 41)

18. A decisional patient who received naloxone wants to refuse transport. Which of these are associated with a lower risk for recurrence of symptoms in the next 1-2 hours? ***Circle all that apply***. (PPT Slides 35, 37-39)
    A. GCS 15
    B. $SpO_2 \geq 92\%$ on room air
    C. No recurrence of symptoms (↓ AMS or respiratory depression) 30 min after naloxone dose
    D. Low dose of narcotic taken by oral route
    E. History of good outcomes following previous non-fatal overdoses
    F. Good response to naloxone administered by roommates
    G. Reliable person who agrees to remain awake and sober will stay with patient for several hours

19. Read the scenario on slides 28 and 30. Document the information you would provide to this patient to meet requirements for "fully informed", *IN YOUR OWN WORDS*. (PPT slides 26-31)

Sufficient information about ***their condition:***
Reasonable ***risks and benefits*** of available ***options*** (including NOT acting or dissent):

20. Examine slide 60, Youth Suicide in Illinois. Then respond to the following: With regards to risk factors for suicidal behavior, *list 3 types* of violence that, if experienced, increases a young person's risk for suicidal behavior.

Read PCR #2 (37/M). Then respond to the following:

21. Initially, the scene was secured by law enforcement, and EMS made brief contact with the agitated patient. Attempts at de-escalation ended in the patient secluding himself behind his closed door. For what reason did EMS not make further attempts to make contact with this patient?

22. EMS was unable to obtain adequate assessments to determine decisional capacity for this patient. List *two findings* noted in the PCR would be cause for concern as part of assessment for decisional capacity?

23. If EMS is instructed by OLMC to gain access and bring the patient against their will, what response from EMS would be appropriate to this directive? (Decisional Capacity Risk Checklist)

24. Of the 3 caveats regarding EMS safety, *list one* that supports EMS' decision to make no further attempts to access, assess and or transport the patient in this scenario. (Decisional Capacity Risk Checklist)

Read PCR #3 (22/F) and respond to the following:

25. The patient confirms a text re: desire to cut herself and also states she has had thoughts of suicide and would execute it by cutting her wrists. Which Suicide Screen questions (list question number(s)) would you document a "YES" answer to? (Psyc / Behavioral / Agitated / Violent SOP) _____

26. *List one* POSSIBLE RISK FACTOR for suicide for this patient? (PCR; Suicide Screen)

27. Assume that the patient is alert and calm, engages in conversation freely and appropriately, with clear speech. She willingly responds to all of EMS' inquiries. She expresses appreciation for the risk posed by her suicidal thoughts and plan – following through with and possible success of a suicide attempt. However, she insists that she does not feel like she is in danger at this time, and insists that she intends to keep her appointment with her psychiatrist tomorrow. Based on this information, does this patient satisfy the following decisional capacity assessments to determine that she is decisional? (Psyc SOP)

    Alertness: _____ Speech: _____ Affect: _____

    Behavior: _____ Cognition: _____ Insight: _____

28. Based on information in the PCR, your responses to the questions above, and the excerpt from the Decisional Capacity Risk Checklist below, should this patient be transported, regardless of her wishes?

> **Pts may not dissent to (refuse) care/transport IF:** EMS has **access to the patient + they lack legal or decisional capacity;** and/or **pose an imminent risk to self or others;** and/or as long as they **remain hypoxic** (SpO_2 < 90%), **hypoglycemic, hypotensive, or hypercarbic**. May transport under **implied consent** (emergency doctrine).

_____

29. Can the OLMC RN order EMS to transport an adult patient to the hospital against the patient's will? (PPT slide # 74) _____

30. What is the most reliable way for EMS to prove that the patient *received and understood* information specific to their condition / situation, the risks and benefits of proposed care and any other reasonable options, and those associated with not taking action to address their condition? (PPT slides 76-79)

31. PCR entry: *The patient appears to have been physically abused*. Create an entry in this hypothetical patient's PCR that is *objective and factual*, that better describes a patient's appearance that would suggest physical abuse. Use your imagination! (PPT slide 82)

Read PCR #4 (43F) and respond to the following.

32. What is the correct IM ketamine dosage for this patient? Show your work! (SOP Drug index)

33. Record those observations / findings from the PCR that are useful in assessing this patient's decisional capacity. (PCR; Psyc / Behavioral SOP; Decisional Capacity Risk Worksheet)

Alertness	
Speech	
Affect/mood	
Behavior	
Cognition	
Insight	

34. It was not possible to administer Suicide Screen questions to this patient. However, what information was obtained confirms this patient has RISK FACTORS for suicide? List ***three***. (PCR: Psyc SOP)

35. What could account for the patient's hypotension and tachycardia after being sedated? (PCR; Shock SOP)

36. What intervention would be appropriate in response to the above findings in question 33? (PCR; Gen Patient assessment / IMC SOP)

37. What ***two respiratory parameters***, besides respiratory rate, must be monitored and recorded following administration of ketamine? (Pain management SOP)

Read the scenario below. Then respond to question 38.

EMS is called to the Metra station for a person with who was threatening passengers on the train. EMS finds the patient sitting in the lobby with police. He is calm and quiet, displaying absolutely no emotion whatsoever. His speech is quiet, controlled, clear, organized, and concise. He is oriented X 4. When asked what happened, he states "I must have said something on the train. The government doesn't want me to understand what's going on, so they can keep apprehending me and locking me up. They are always listening, they're always around. They're in the ventilation right now, which is why I can't talk about this with you. They'll just use what I say to lock me up again, so they can make me take my meds. I am exercising my right to self-determination. I am not giving you permission to take me to the hospital."

38. Based on findings from the Decisional Capacity Risk Assessment, should this patient be transported against his will? ***Upon which finding*** do your base your answer? (Decis Capacity Checklist; Psyc SOP)

39. Patients with ***which psychiatric illness*** might present with abnormal thought processes? Briefly ***explain*** this type of abnormal thinking (delusions) below. (PPT slides 97-103; Decis Capacity Checklist)

40. Categorize the following signs and symptoms with the behavioral illness they most closely correspond with. (PPT slides 93-124)

Extreme mood changes	
Anxiety and repetitive intrusive memories following severe psychosocial event	
Excessive fears or worries, or extreme feelings of guilt	
Withdrawal from friends and activities	
Hallucinations; sensory perceptions with no basis in reality	
Feelings of worthlessness, self-reproach, pessimism or guilt	
Spending sprees, foolish investments, gambling losses, reckless driving	