# Northwest Community EMS System
# September 2025 CE: Adult & Pediatric Behavioral Emergencies
# Credit Questions

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|---|---|---|---|---|
| Name (Print): | | EMS Agency: | | |
| EMS Educator: | | | | |
| Date submitted | Score: | ☐ Acceptable<br>☐ Not acceptable | ☐ Incomplete<br>☐ Incorrect answers | Date returned w/ feedback: |
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| # CE Hours awarded: | | Date | | |

**This packet should take 2 hours to complete – which earns the equivalent of the 2-hour live CE class.**

Sources of information include the September 2025 PowerPoint slide deck handout (PDF available from your PEMSC/ HEMSC) the 2024 ESO EMS Index, and the NEMJ article titled "***Handcuffs and Unexpected Deaths — "I Can't Breathe" as a Medical Emergency".***

1. List the top two primary impressions that were discovered during the 2024 PBPI Behavioral Health Screen Report.

   _____ AND _____

2. 2024 ESO data reports a 10% decline in overdose related deaths for the first time since 2018. What do you think Is the primary reason for this decline? _____
3. What is the percentage of patients with suspected opioid overdose requiring two or more doses of naloxone per the ESO Data?_____
4. Summarize four of the best practices for prehospital as it pertains to substance use disorders and overdose patients
   a. _____
   b. _____
   c. _____
   d. _____
5. Per the 2023 PBPI Naloxone Data report, what is the average dose of naloxone given by law enforcement prior to EM arrival? _____
6. What was the average dose of naloxone administered only by EMS on average? _____
7. What are the two assessment findings presented when an opioid overdose is suspected that warrants administration of naloxone?
   a. _____
   b. _____
8. What is the onset of naloxone when administered IV/IN? _____minutes

   via IM route? _____ minutes
9. What is the dose of naloxone administration in an adult?_____ Peds? _____
10. How often may EMS repeat doses of naloxone? _____
11. What is the max dose of naloxone EMS can administer prior to contacting OLMC for further?_____
12. *Fill in the blanks* NEMSIS reports _____ and _____are the most common cause of EMS activation in patients _____.

13. The NWCEMSS Date Report for 2024 lists the top 2 pediatric primary impressions. What are they? (Exclude no abnormal findings upon exam or transport for additional testing)
    a. _____
    b. _____

14. Fill in the blanks for the following statement from the 2024 ESO EMS Index

    "Most EMS-transported children with behavioral health emergencies were _____ from the _____, highlighting an opportunity to evaluate optimal _____ _____ _____. The declining number of _____ psychiatric facilities and providers contribute to _____ _____ accessing appropriate care".

Complete the following questions based on best practices EMS should consider regarding the pediatric behavioral health response from the 2024 ESO EMS Index.

15. How can EMS reduce anxiety and agitation? _____
16. Research suggests offering materials for the patient to draw or write an answer (when appropriate). What is the rationale behind this suggestion? _____
17. What is the rationale for recommendations to expand training in pediatric and adolescent-specific de-escalation techniques for EMS? _____
18. Implementing EMS field-screening protocols to be used at what capacity? _____
19. What are EMS agencies encouraged to become and why? _____

*For questions (20-39), review each situation utilized during October's class and the related the questions.*

**Situation-One**

*"EMS was called by a family member (not on scene as they live out of state) for a wellbeing check due to the callers brother sounding depressed during a phone call one hour prior. When sister called patient back a few more times due to concern, the patient became agitated and kept hanging up on her.*
*Upon arrival police on scene state patient is in the home but refuses to exit and is denying them entry."*

20. What is EMS's initial approach to gaining access to this patient? Any considerations while attempting to engage with the patient?
21. What dialog is suggested to have with this patient? If patient is willing to answer any questions, what are the most important to ask/ discuss with them?

22. Police on scene explain to EMS they will not be going into the residence to bring the patient out as patient has not given permission for entry. If patient refuses to come out of the home and no longer engages with EMS, what should EMS do next?

23. EMS contacts OLMC. What information must be conveyed during the radio call? Where can EMS find refence to this crucial information?

24. What happens if EMS leaves the scene and patient harms himself or others soon thereafter?

**Situation-Two**

*"EMS was called by husband who states his wife is suicidal and is requesting she be transported to the hospital for further evaluation. EMS arrives to find police are speaking with husband in the kitchen and wife is sitting calmly on the couch in the living room."*

25. What questions must EMS ask the patient to assess for suicidal or homicidal ideations?

26. Based on the patients' responses to the questions above, when must EMS transport the patient to the ED for further evaluation? (Hint: Pt answers yes to which questions?)

27. Patient states she is not suicidal and the husband is lying because he wants to have a night out with his mistress. A crew member heads to the kitchen and husband informs them he is willing to fill out a petition. Can EMS have him complete a petition and transport patient to the hospital?

28. Police officer states they will fill out the petition then so EMS can transport the patient. Can EMS accept this suggestion? Now can EMS transport the patient?

29. The husband goes into their bedroom and retrieves patients cell phone. He then shows EMS text messages patient sent to her best friend that states she is contemplating taking a bunch of pills tonight with her nightly bottle of wine. Pt confirms she sent those messages in frustration after another argument with her husband. How does EMS proceed with this new information?

**Situation-Three**

*"EMS was called to the nursing home for a patient requiring transport to ED for altered mental status. Upon arrival nursing staff state they have a petition filled out by the physician allowing EMS to transport patient."*

30. Can EMS transport a patient based on a completed petition by a physician? _____

    EXPLAIN:

31. How should EMS proceed with this request? What further questions should EMS gather regarding this patient?

32. What assessment should be completed? Describe the components to this assessment (rather than just listing the title only).

33. EMS determines abnormality to the assessment described above. How should EMS proceed?

34. If patient does not meet the criteria for transport based on NWCEMSS SOP and Policy, what is EMS at risk for being accused of?

## Situation-Four

*"EMS is on scene with a patient that witnesses describe as appearing disoriented while walking through a store. They state pt was walking barefoot while carrying his shoes in hand with a staggered gate. Pt is a bit timid but calm and avoids eye contact, however he is alert and oriented to person and place. Pt is standing with crew and selectively answers a few questions but looks away and does not respond to others. It is difficult to determine decisional capacity."*

35. Based on the fact that patient is alert and oriented to person and place, does this make him decisional? _____

    EXPLAIN:

    _____

    _____

36. What additional assessment(s) must EMS attempt to complete to rule out other causes?

    _____

    _____

37. EMS contacts OLMC and explains they are unsure if patient is just exhibiting odd behavior or if there is something more to the situation that needs further assessment but pt will likely refuse. The ECRN tells EMS they MUST transport patient.

    Is EMS required to transport pt based on the ECRNs order?

    _____

    Who can give an order to transport patient against their will?

    _____

    What information must EMS obtain prior to executing this order?

    _____

38. Plot twist…...Let's say pt was initially willing to go to the hospital with crew for further assessment but then refuses to get into the ambulance once they walk him outside. He begins screaming and pacing in between cars in the parking lot.

    What is EMS's plan to gain control of the scene?

    _____

    _____

    Police on scene state they will not engage with taking down the patient. What is EMS's next step?

    _____

    _____

39. Does EMS need to contact OLMC for an order to chemically and/or physically restrain the pt if necessary? _

    EXPLAIN:

    _____

40. Read the article ***Handcuffs and Unexpected Deaths — "I Can't Breathe" as a Medical Emergency"*** and share four takeaways you learned from it. Initial here confirming you have read it _____

Takeaways:

1. _____
2. _____
3. _____
4. _____