

B070 PSYCHIATRIC/BEHAVIORAL PATIENT PROTOCOL

Scene Safety

- A. Scene safety and provider safety are a priority. Consider police contact if scene safety is a concern.
- B. Refer to restraint protocol as needed.

EMT	AEMT
EMT-I	Paramedic

Specific Information Needed

- A. Obtain history of current event; inquire about recent crisis, toxic exposure, drugs, alcohol, emotional trauma, and suicidal or homicidal ideation.
- B. Obtain past history; inquire about previous psychiatric and medical problems, medications.

Specific Objective Findings

- A. Evaluate general appearance
 - 1. E.g.: Well groomed, disheveled, debilitated, bizarrely dressed
- B. Evaluate vital signs.
 - 1. Is a particular toxidrome suggested, e.g.: sympathomimetic?
- C. Note medic alert tags, breath odors suggesting intoxication.
- D. Determine ability to relate to reality.
 - 1. Does the patient know who she is, where she is, who you are and why you are there?
 - 2. Does the patient appear to be hallucinating or responding to internal stimuli?
- E. Note behavior. Consider known predictors of violence:
 - 1. Is the patient male, intoxicated, paranoid or displaying aggressive or threatening behavior or language?

Treatment

- A. If patient agitated or combative, see Agitated/Combative Patient Protocol
- B. Attempt to establish rapport
- C. Assess ABCs
- D. Transport to closest Emergency Department
- E. Be alert for the possibility of patient fleeing the scene
- F. Consider organic causes of abnormal behavior (trauma, overdose, intoxication, hypoglycemia)
- G. If patient restraint considered necessary for patient or EMS safety, refer to Restraint Protocol.
- H. Check blood sugar
- I. If altered mental status or unstable vital signs:
 - 1. Administer oxygen.
 - 2. Establish venous access.
 - 3. Refer to Universal Altered Mental Status Protocol.

Mental Health Holds

- A. If a patient has an isolated mental health complaint (e.g. suicidality), and does not have a medical complaint or need specific medical intervention, then that patient may be appropriately transported by law enforcement according to their protocols.
- B. If a patient has a psychiatric complaint with associated illness or injury (e.g. overdose, altered mental status, chest pain, etc), then the patient should be transported by EMS
- C. If a patient with a psychiatric complaint is intoxicated or otherwise lacks decision making capacity for any other reason than no Mental Health Hold is needed and such a patient should be brought to an emergency department for evaluation and stabilization with implied consent.

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- D. If EMS is called to evaluate a patient with an isolated psychiatric complaint who is not intoxicated, or otherwise lacking decision making capacity, and who refuses treatment or transport, *and* law enforcement are not willing to transport patient, then EMS should contact Medical Direction for medical consult with **BASE PHYSICIAN**.
- E. If there is a reasonable concern for suicidal or homicidal ideation, or grave disability from another mental health condition, then **BASE PHYSICIAN** may give a verbal order placing the patient on a Mental Health Hold and direct EMS personnel to transport the patient against his or her will in accordance with Wyoming State statutes. The physician's name, and time and date of the Mental Health Hold must be recorded on the PCR. Effort should be made to obtain consent for transport from the patient, and to preserve the patient's dignity throughout the process.
- F. It is expected that receiving facilities will receive such patients and perform an appropriate evaluation to determine if continuation of a Mental Health Hold is indicated at the time of their assessment.
- G. Although there is always a risk of accusations of kidnapping or assault in such cases, such accusations are extremely rare. The risk of abandonment of a potentially suicidal or otherwise gravely impaired patient far outweigh any theoretical risk of allegations of kidnapping when actions are taken in the interest of patient safety.

Specific Precautions

- A. Psychiatric patients often have an organic basis for mental disturbances. Be suspicious of hypoglycemia, hypoxia, head injury, intoxication, or toxic ingestion.
- B. If emergency treatment is unnecessary, do as little as possible except to reassure while transporting. Try not to violate the patient's personal space.
- C. If the situation appears threatening, consider a show of force involving police before attempting to restrain.
- D. Beware of weapons. These patients can become very violent.
- E. An EMT, AEMT, Intermediate or paramedic may initiate a Mental Health Hold only by direct verbal order from the **BASE PHYSICIAN**.
- F. Document name of **BASE PHYSICIAN**.

Transporting Patients on a Mental Health Hold

- A. By law, patients detained on a mental health hold may not refuse transport. Similarly, by law, patients on a mental health hold are required to be evaluated by a physician or psychologist and must be transported.
- B. Although it is commonly believed that the original copy of the mental health hold form is required to accompany the patient, a legible copy of the form is also sufficient.
- C. The form documenting the mental health hold should be as complete as possible, including the correct date and time that the patient was detained. The narrative portion should be completed. A signature and license or badge number is also required. Assure that the form is complete before departing.
- D. The mental health hold does not need to be started on patients who are intoxicated on drugs and/or alcohol. Nor is it required for patients who are physically incapable of eloping from care, such as those who are intubated, or physically unable.
- E. The patient rights form does not need to accompany the patient. The receiving facility may complete this form if there are concerns.
- F. If possible, seek direction from the sending facility regarding whether the patient may require sedation and restraint. Consider ALS transport if this is the case.
- G. Recall that patients who are a danger to self/others or gravely disabled due to mental illness may be transported by EMS without a mental health hold, under implied consent.