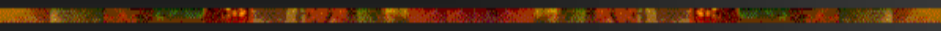
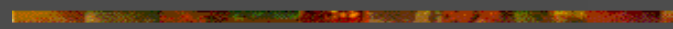




# Psychiatric Emergencies

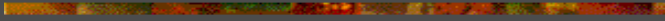


- 
- Patient's behavior is disturbing to himself, his family, or his community
- 

- 
- Never assume patient has psychiatric illness until all possible physical causes are ruled out
- 

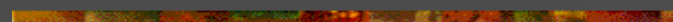


## ■ Causes

- Low blood sugar
  - Hypoxia
  - Inadequate cerebral blood flow
  - Head trauma
  - Drugs, alcohol
  - Excessive heat, cold
  - CNS infections
- 



## ■ Clues suggesting physical causes

- Sudden onset
  - Visual, but not auditory, hallucinations
  - Memory loss, impairment
  - Altered pupil size, symmetry, reactivity
  - Excessive salivation
  - Incontinence
  - Unusual breath odors
- 

# Anxiety

---

- Most common psychiatric illness (10% of adults)
  - Painful uneasiness about impending problems, situations
  - Characterized by agitation, restlessness
  - Frequently misdiagnosed as other disorders
-

# Anxiety

---

- Panic attack
    - Intense fear, tension, restlessness
    - Patient overwhelmed, cannot concentrate
    - May also cause anxiety, agitation among family, bystanders
-

# Anxiety

---

## ■ Panic attack

- Dizziness
  - Tingling of fingers, area around mouth
  - Carpal-pedal spasms
  - Tremors
  - Shortness of breath
  - Irregular heartbeat
  - Palpitations
  - Diarrhea
  - Sensation of choking, smothering
-

# Phobias

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- Closely related to anxiety
  - Stimulated by specific things, places, situations
  - Signs, symptoms resemble panic attack
  - Most common is agoraphobia (fear of open places)
-

# Depression

---

- Deep feelings of sadness, worthlessness, discouragement
  - Factor in 50% of suicides
-



# Depression

---

Ask all depressed patients about suicidal thoughts

Asking someone about suicide will NOT  
"put the idea in their head."

# Bipolar Disorder

---

- Manic-depressive
  - Swings from one end of mood spectrum to other
  - Manic phase: Inflated self-image, elation, feelings of being very powerful
  - Depressed phase: Loss of interest, feelings of worthlessness, suicidal thoughts
  - Delusions, hallucinations occur in either phase
-

# Schizophrenia

---

- Debilitating distortions of speech, thought
  - Bizarre hallucinations
  - Social withdrawal
  - Lack of emotional expressiveness
  - NOT the same as multiple personality disorder
-

# Delirium /dementia

---

- Consciousness
  - Onset
  - Last
  - Orientation
  - Memory
  - Hallucinations
  - Fluctuation
  - EEG
-

# Paranoia

---

- Exaggerated, unwarranted mistrust
  - Often elaborate delusions of persecution
  - Tend to carry grudges
  - Cold, hypersensitive, defensive, argumentative
  - Cannot accept fault
  - Excitable, unpredictable
-

# Catatonia

---

- Mutism
  - Posturing
  - Negativism
  - Staring
  - Rigidity
  - echopraxia / echolalia
-



وضع كتاتوني



الوسادة النفسية  
(وضع كتاتوني)



وضع كتاتوني جنيني



وضع كتاتوني جنيني





# Suicide



Take ALL suicidal acts seriously!

# Suicide

---

- Suicide attempt = Any willful act designed to end one's own life
  - 10th leading cause of death in U.S.
  - Second among college students
  - Women attempt more often
  - Men succeed more often
-

# Suicide

---

- 50% who succeed attempted previously
- 75% gave clear warning of intent

People who kill themselves, DO  
talk about it in advance!

---

# Suicide

---

- Risk factors
    - Men >40 y.o.
    - Single, widowed, or divorced
    - Drug, alcohol abuse history
    - Severe depression
    - Previous attempts, gestures
    - Highly lethal plans
-

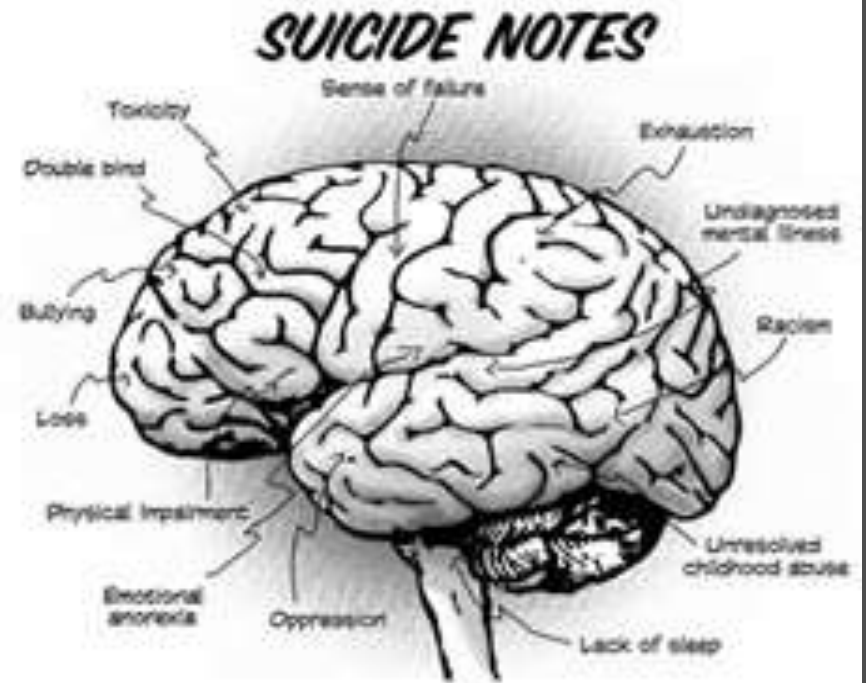
# Suicide

---

- Risk factors
    - Obtaining means of suicide (gun, pills, etc)
    - Previous self-destructive behavior
    - Current diagnosis of serious illness
    - Recent loss of loved one
    - Arrest, imprisonment, loss of job
-

# Risk factors for suicide

- S - Sex
- A - Age
- D - Depression
- P - Psychiatric care
- E - Excessive drug use
- R - Rational thinking abse
- S - Single
- O - Organised attempt
- N - No supports (isolated)
- S - States future intent



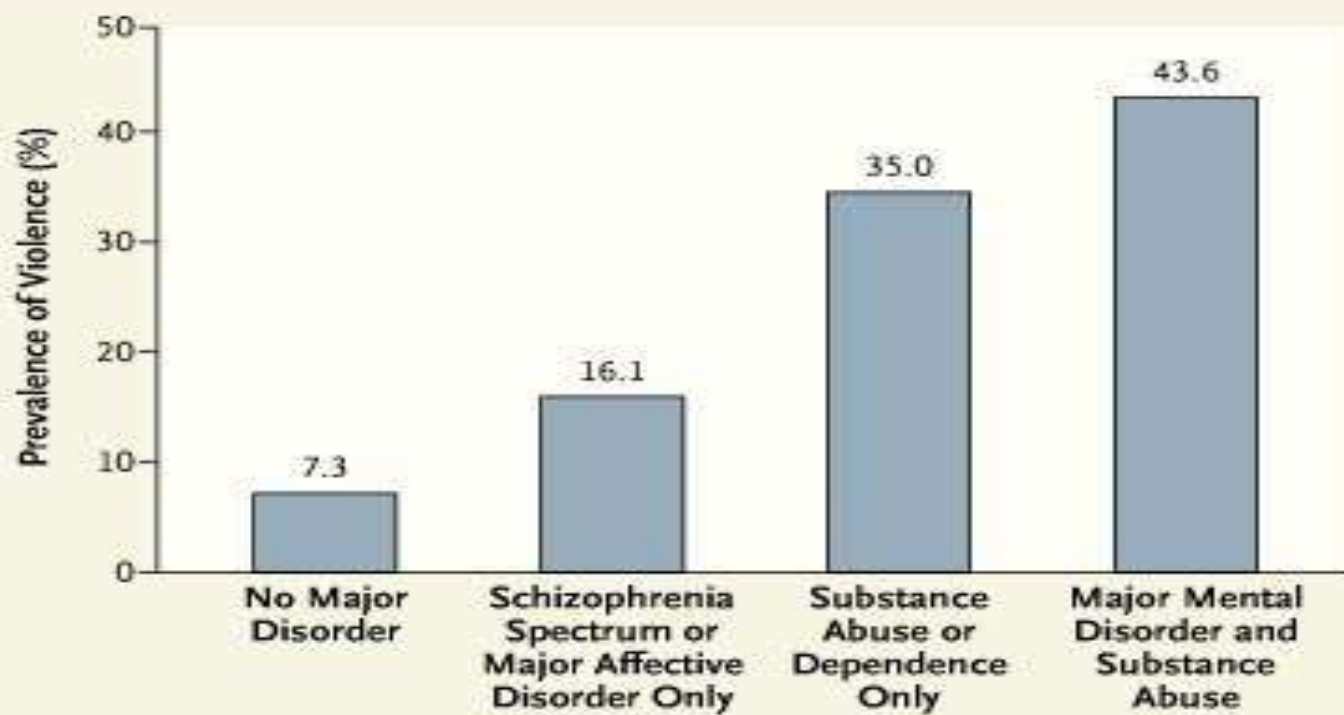
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# Violence

# Violence

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- 60 to 70% of behavioral emergency patients become assaultive or violent
-



# Violence

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- Causes include
    - Real, perceived mismanagement
    - Psychosis
    - Alcohol, drugs
    - Fear
    - Panic
    - Head injury
-

# Violence to Others

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- Warning signs
    - Nervous pacing
    - Shouting
    - Threatening
    - Cursing
    - Throwing objects
    - Clenched teeth and/or fists
-



# Dealing with Psychiatric Emergencies



# Basic Principles

---

- We all have limitations
  - We have more coping ability than we think
  - We all feel some disturbance when injured or involved in an extraordinary event
-

# Basic Principles

---

- Emotional injury is as real as physical injury
  - People who have been through a crisis do not just “get better”
  - Cultural differences have special meaning in Psychiatric emergencies
-

# Techniques

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- Speak calmly, reassuringly, directly
  - Maintain comfortable distance
  - Seek patient's cooperation
  - Maintain eye contact
  - No quick movements
-

# Techniques

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- Respond honestly
  - Never threaten, challenge, belittle, argue
  - Always tell the truth
  - Involve trusted family, friends
-

# Techniques

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- Be prepared to spend time
  - NEVER leave patient alone
  - Avoid using restraints if possible
  - Do NOT force patient to make decisions
-

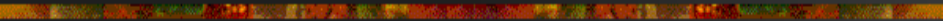
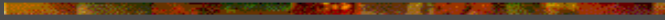
# Techniques

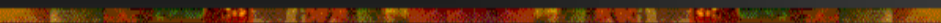
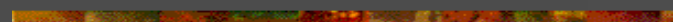
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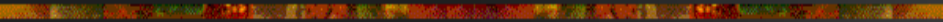
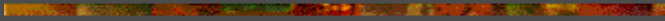
- Encourage patient to perform simple, non-competitive tasks
  - Disperse crowds that have gathered
-

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# Assessment

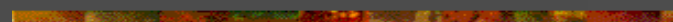
- 
- Pay careful attention to dispatch information for indications of potential violence
  - Never enter potentially violent situations without police support
  - If personal safety uncertain, stand by for police
- 

- 
- Quickly locate patient
  - Stay between patient and door
  - Scan quickly for dangerous articles
  - If patient has weapon, ask him to put it down
  - If he won't, back out and wait for police
- 

- 
- In suicide cases, be alert for hazards
    - Automobile running in closed garage
    - Gas stove pilot lights blown out
    - Electrical devices in water
    - Toxins on or around patient
- 



## ■ Look for

- Signs of possible underlying medical problems
  - Methods, means of committing suicide
  - Multiple patients
- 



# Initial Assessment

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❖ Identification of life-threatening medical or traumatic problems has priority over behavioral problem.

# Focused History, Physical Exam

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- Be polite, respectful
  - Preserve patient's dignity
  - Use open-ended questions
  - Encourage patient to talk; Show you are listening
  - Acknowledge patient's feelings
-

# Assessment: Suicidal Patients

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- Injuries, medical conditions related to attempt are primary concern
  - Listen carefully
  - Accept patient's complaints, feelings
  - Do NOT show disgust, horror
-

# Assessment: Suicidal Patients

---

- Do NOT trust “rapid recoveries”
  - Do something tangible for the patient
  - Do NOT try to deny that the attempt occurred
  - NEVER challenge patient to go ahead, do it
-

# Assessment: Violent Patients

---

- Find out if patient has threatened/has history of violence, aggression, combativeness
  - Assess body language for clues to potential violence
  - Listen to clues to violence in patient's speech
  - Monitor movements, physical activity
  - Be firm, clear
  - Be prepared to restrain, but only if necessary
-

# Management

---

- Your safety comes first
  - Trauma, medical problems have priority
  - Calm the patient; NEVER leave him alone
  - Use restraints as needed to protect yourself, the patient, others
  - Transport to facility with appropriate resources
-

# Restraining Patients

---

- A patient may be restrained if you have good reason to believe he is a danger to:
    - You
    - Himself
    - Other people
-

# Restraining Patients

---

- Have sufficient manpower
  - Have a plan; Know who will do what
  - Use only as much force as needed
  - When the time comes, act quickly; Take the patient by surprise
  - At least four rescuers; One for each extremity
-

# Restraining Patients

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- Use humane restraints (soft leather, cloth) on limbs
  - Secure patient to stretcher with straps at chest, waist, thighs
  - If patient spits, cover face with surgical mask
  - Once restraints are applied, NEVER remove them!
-

# Reasonable Force

---

- Minimum amount of force needed to keep patient from injuring self, others
  - Force must NEVER be punitive in nature
-

# Medications/Drugs

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- NMS
  - Acute dystonia
  - Serotonin syndrome
  - Lithium toxicity
  - W/D or intoxication
-



*Thank you*

