

Psychiatric and Behavioral Health Emergencies

Designation of Condition: Patient may demonstrate bizarre or abnormal behavior with auditory, visual, or tactile hallucinations, false beliefs or delusions. The patients may verbalize or demonstrate harm to themselves or others. There is a high rate of associated drug and alcohol use that may also contribute to aggressive or violent behavior.

B	<p style="text-align: center;">ABC's Vital signs BGL procedure</p> <p style="text-align: center;">Scene safety and provider safety are a priority. Consider police contact if scene safety is a concern.</p> <p>Obtain history of current event; inquire about recent crisis, toxic exposure, drugs, alcohol, emotional trauma, and suicidal or homicidal ideation.</p> <p style="padding-left: 40px;">Obtain past history; inquire about previous psychiatric and medical problems, medications.</p> <p style="padding-left: 40px;">Observe and record patient appearance and behavior Consider associated domestic violence or child abuse</p> <p>A patient who is a danger to self or others may not refuse care, consider calling Mobile Crisis Team (MCT) via APD dispatch for onsite behavioral health evaluation and dispo if patient has NO medical or trauma/injury complaints/ concerns. Call UNM EMS consortium for any questions or concerns for care or forced transport</p> <p>Consider organic causes of abnormal behavior (trauma/ head injury, overdose, intoxication, hypoglycemia, toxic ingestion)</p> <p style="text-align: center;">Follow restraint guidelines as indicated based on patient behavior</p>
I	<p style="text-align: center;">IV/O access for IVF and medication admin only if there is a medical concern contributing to cause of psychiatric episode</p>
P	<p style="text-align: center;">Obtain 12 Lead ECG if concern for polypharmacy overdose or toxidrome</p> <p style="text-align: center;">Follow chemical sedation guideline if verbal de-escalation or physical restraint is ineffective. If patient meets criteria for excited delirium syndrome—treat per guideline</p>
D	<p>Patients may be transferred directly to a mental health facility if they are not under the influence of drugs or alcohol, if pre-hospital personnel harbor no suspicion of OD, and both of the following conditions apply:</p> <ol style="list-style-type: none">1. Patient is alert, with normal vital signs, and has no signs or symptoms of an acute medical illness or injury, and has either an unambiguous psychiatric condition (suicidal ideations) or has a hx of a psychiatric illness that is consistent with current presentation.2. After consultation with MCEP of the receiving facility, a joint decision is made that the patient does not require an ED evaluation and that the patient is appropriate for transport to a mental health facility, OR prior acceptance of patient has been arranged by the accepting mental health facility3. If you have a pediatric patient (< 18 y/o) with a primary psych complaint, call UNMH for the peds ED MCEP.

KEY POINT

MCT:

The mobile crisis team consists of one APD or BCSO officer and one Masters-level behavioral health provider. Currently, There are four of these teams that operate in the city and county. They are dispatched to low level behavioral health calls (mostly 25a/b) by PD/SO dispatch and **can also be requested to the scene by law enforcement or EMS**. Their goal is to de-escalate patients and determine a better solution than transport to ED or jail. Law enforcement issued certificates of evaluation are not recognized by EMS. Contact EMS Consortium if needed or clarification.