

6000 PSYCHIATRIC/BEHAVIORAL

EMR	EMT	EMT-IV	AEMT	INTERMEDIATE	PARAMEDIC
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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, especially as it relates to patients with isolated mental health complaints.

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 s/he is, where s/he 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](#)
- B. Attempt to establish rapport
- C. Assess ABCs
- D. Transport to closest appropriate Emergency Department
- E. Be alert for possible elopement
- 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](#)
- H. Check blood sugar
- I. If altered mental status or unstable vital signs:
 - 1. **Administer Ref Oxygen.**
 - 2. Establish venous access.
 - 3. Refer to [Altered Mental Status](#)

Transporting Patients Who Have a Psychiatric Complaint

- 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. Reasonable concern for suicidal or homicidal ideation, or grave disability from psychiatric decompensation, is sufficient to assume that the patient may lack medical decision-making capacity to refuse ambulance transport. Effort should be made to obtain consent for transport from the patient, and to preserve the patient's dignity throughout the process. However, the patient may be transported over his or her objections and treated under implied consent if patient does not comply.
- D. A patient being transported for psychiatric evaluation may be transported to any appropriate receiving emergency department.
- E. Accusations of kidnapping or assault of the patient are only theoretical and rarely occur. The risk of abandonment of a potentially suicidal or otherwise gravely impaired patient is far greater. Be sure to document your reason for taking the patient over their objections, that you believe that you are acting in the patient's best interests, and be sure to consult a BASE PHYSICIAN if there are concerns.

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Specific Precautions

- A. Patients presenting with psychiatric decompensation often have an organic etiology. Be suspicious for hypoglycemia, hypoxia, head injury, intoxication, or toxic ingestion.
- B. Providers transporting a patient over his or her objections should reassure the patient. The provider should strongly consider whether the patient may need restraint and/or sedation for safety. Beware of weapons. These patients can become combative.

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 M-1) is required to accompany the patient, a legible copy of the M-1 is also sufficient if the original cannot be found.
- C. The M-1 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. A patient who does not have decision making capacity.
- E. The patient rights form (M-2) 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.
- H. 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.
- I. 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
- J. Reasonable concern for suicidal or homicidal ideation, or grave disability from psychiatric decompensation, is sufficient to assume that the patient may lack medical decision-making capacity to refuse ambulance transport. Effort should be made to obtain consent for transport from the patient, and to preserve the patient's dignity throughout the process. However, the patient may be transported over his or her objections and treated under implied consent if patient does not comply.
- K. A patient being transported for psychiatric evaluation may be transported to any appropriate receiving emergency department.
- L. Accusations of kidnapping or assault of the patient are only theoretical and rarely occur. The risk of abandonment of a potentially suicidal or otherwise gravely impaired patient is far greater. Be sure to document your reason for taking the patient over their objections, that you believe that you are acting in the patient's best interests, and be sure to consult a BASE PHYSICIAN if there are concerns.