

HANDLING PSYCHIATRIC EMERGENCIES

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**What constitutes a
Psychiatric Emergency?
And
How do we Respond to
These Events?**

What constitutes an emergency in psych?

"A True Emergency requires Emergency care!"

Calling 911 is the best response if a patient is threatening suicide and/or homicide – no other response will do!



DETERMINING RISK

We ask the patient or the caller the following questions:

Are you planning to harm yourself?

How will you do this? What are your plans?

Do you have the means available (i.e. gun, meds for overdose, capacity to jump from a bridge or high building, etc.) to harm yourself or others?

Is there anyone else with you that I can talk to?'

I want to help you – what can I do to keep you safe?

Reassure patient that you are concerned and will help.



IF ANYONE ELSE IS WITH YOU –GET THE ATTENTION OF THAT PERSON – HAVE HER/HIM CALL 911 WITH PATIENT'S ADDRESS/TELEPHONE NUMBER.

ON-GOING ACTIONS..

CONTINUE TO REASSURE PATIENT.

*REPEATEDLY SAY THAT YOU ARE
CONCERNED AND WANT TO HELP.*

*ASK IF ANYONE ELSE IS WITH
PATIENT AND ASK IF YOU CAN TALK
TO THAT PERSON.*

*OBTAIN VERBAL COMMITMENT
FROM PATIENT THAT HE/SHE WILL
NOT HARM SELF.*

DEVELOP A STRATEGY WITH SUPPORT PERSON
THAT INVOLVES:

- ❖ CONTINUED VERBAL SUPPORT
- ❖ REINFORCE COMMITMENT NOT TO HARM SELF.
- ❖ COMMITMENT OF SUPPORT PERSON TO REMAIN WITH PATIENT
- ❖ A STRATEGY TO TRANSPORT PATIENT TO AN EMERGENCY ROOM IF SITUATION WORSENS

**IF PATIENT IS ALONE AND SITUATION IS UNSAFE –FIND OUT PATIENT’S LOCATION
AND TELEPHONE NUMBER AND TELL PATIENT EMERGENCY HELP WILL BE
OBTAINED IMMEDIATELY – CALL 911 TO REPORT PSYCHIATRIC EMERGENCY**

Homicide Threat...

Family member may call to report that patient is being verbally and/or physically abusive.

Encourage caller to use 911 or offer to call 911 to report situation –**NEVER ALLOW THIS SITUATION TO GO UNINVESTIGATED!**



Use crisis intervention techniques of calm verbal support – reassure caller you are concerned and can help; suggest verbal means of deescalating verbal abuse – encourage caller to leave physically abusive situation as soon as possible.

PANIC ATTACK

Assess symptoms: shortness of breath, tightness in the chest, feelings of numbness around the lips and in fingers – emotionally inconsolable.

Use crisis intervention techniques of calm verbal support; reassure caller that you are concerned and can help

Suggest that patient breathe into a paper bag to deal with hyperventilation

Advise that an ER evaluation is warranted

If support is available suggest person call 911 for an ambulance

If no one available to make call, nurse must obtain patient's present location and telephone number and call 911. Once 911 is contacted, nurse reconnects with patient to continue verbal reassurance until ambulance arrives.



DYSTONIC REACTION

Assess symptoms: long-lasting contractions or spasms of muscles, usually involving eyes, jaws, tongue,, or neck but may involve any other part of body.

Determine what medications the patient is on-if any of the meds are new or if the dose has been increased; and when the medication change occurred. Dystonic reactions usually occur 12-36 hours after a patient has been started on neuroleptic therapy or had the dose increased.



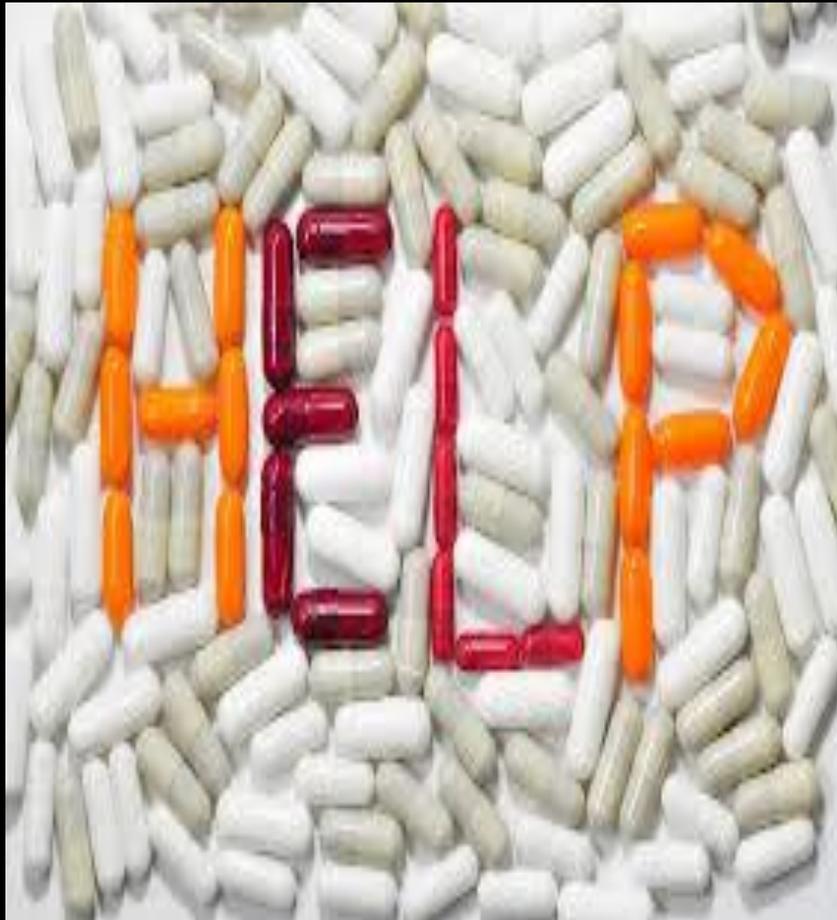
If patient has Cogentin, Artane or Benadryl available and has been instructed in the use of these medications, advise patient to take either Cogentin 1-2 mg, Artane 1-2 mg, or Benadryl 25-50 mg repeated after 30 minutes if response is incomplete.

DYSTONIC REACTION (continued)

If patient does not have Cogentin, Artane, or Benadryl available and/or has not received instruction regarding these medications, or if on-call nurse is unsure of validity of a telephone assessment of this situation, an emergency room visit is warranted. The nurse then determines if there is anyone available that can transport patient to ER and if there is not, the nurse calls 911 and reports this situation.



POTENTIAL BENZODIAZEPINE WITHDRAWAL



Patient may call to say he/she has “run out” of medication. Check to see if medication is a benzodiazepine such as Xanax, Librium and generics, Klonopin, Tranxene, Valium and generics, Dalmane, Ativan, Serax and Halcion. Abrupt cessation of these drugs leads to rebound of initial symptoms and withdrawal beginning in 1-2 days for short acting drugs and 2-5 days for longer acting drugs. Missing doses of other psychiatric drugs generally does not pose an immediate risk.

Determine how long patient has been without the drug. The longer the time without the drug, the greater the chance of withdrawal symptoms, including seizure activity.

If patient has only missed one or two doses, advise to call physician. If patient unable to contact physician or if patient has missed a whole day's dose of medication, advise to go to ER where he/she will be given a temporary supply.

REGARDLESS OF THE NATURE OF THE PSYCHIATRIC EMERGENCY – THE ON-CALL NURSE CALLS THE PSYCHIATRIC CASE MANAGER AND/OR LEAVES A VOICE MAIL COMMUNICATION DESCRIBING THE NATURE OF THE EMERGENCY AND WHAT MEASURES WERE INSTITUTED TO DEAL WITH THE EMERGENCY.

IF EMERGENCY IS ONE OF HIGH LETHALITY, THE ON-CALL NURSE ALSO CONTACTS THE ON-CALL ADMINISTRATOR AND THE PSYCHIATRIC NURSING DIRECTOR (IF THERE IS ONE).

FINALLY, THERE IS NO NEED FOR A PSYCHIATRIC NURSE TO BE ON CALL ALL THE TIME – FOLLOWING THE INSTRUCTIONS IN THIS POWER POINT PROVIDES SUFFICIENT DIRECTION TO DEAL EFFECTIVELY AND SAFELY WITH POTENTIAL PSYCHIATRIC EMERGENCIES.

HOWEVER IT IS CERTAINLY ADVISABLE FOR THE PSYCHIATRIC NURSE(S) TO PROVIDE INFORMATION TO THE “ON-CALL” NURSE REGARDING ANY PATIENT THAT POSES A PSYCHIATRIC EMERGENCY.



**ANY QUESTIONS – PLEASE FEEL FREE TO CONTACT DR.
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