

Behavioral



History

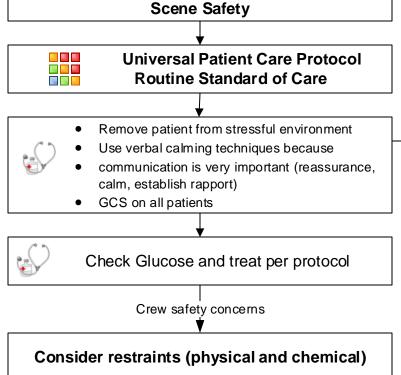
- Situational crisis
- Psychiatric illness/medications
- Injury to self or threats to others
- Medic alert tag
- Substance abuse / overdose
- Diabetes
- SAMPLE

Signs and Symptoms

- Anxiety, agitation, confusion
- Affect change, hallucinations
- Delusional thoughts, bizarre behavior
- Combative violent
- Expression of suicidal / homicidal thoughts

Differential

- See Altered Mental Status differential
- Alcohol / Toxin / Substance Abuse
- Medication effect / overdose
- Withdrawal syndromes
- Depression
- Bipolar / Schizophrenia / Anxiety disorders



-Use appropriate protocol-

- Altered Mental Status
- OD / Toxic Ingestion
- Head Trauma
- Sedation (Pain / Comfort Control)

Pearls

- Recommended Exam: Mental Status, Skin, Heart, Lungs, Neuro
- Crew safety is first priority!!
- Consider antipsychotics for patients with history of psychosis or a benzodiazepine for patients with presumed substance abuse.
- Be sure to consider all possible medical/trauma causes for behavior (hypoglycemia, overdose, substance abuse, hypoxia, head injury, etc.)
- Do not irritate the patient with a prolonged exam.
- Do not overlook the possibility of associated domestic violence or child abuse.
- If patient is suspected of agitated delirium suffers cardiac arrest, consider a fluid bolus and sodium bicarbonate early.
- All patients who receive either physical or chemical restraint must be continuously observed throughout transport.
- Any patient who is handcuffed or restrained by Law Enforcement and transported by air must be accompanied by law enforcement in the aircraft.
- Do not position or transport any restrained patient is such a way that could impact the patients respiratory or circulatory status.