Treatment Protocol: BEHAVIORAL / PSYCHIATRIC CRISIS **Ref. No. 1209**

1. Perform initial assessment of scene and patient situation for safety

2. Attain law enforcement (LE) assistance prior to approaching a patient if a weapon is visualized or the patient threatens violence or for potential assistance with application of an involuntary psychiatric hold ❶❷

3. Approach patient with caution, assess for agitation and treat accordingly including use of verbal de-escalation as needed *(MCG 1307, Care of the Psychiatric Patient with Agitation)*❸

4. Assess airway and initiate basic and/or advanced airway maneuvers prn

5. Administer Oxygen prn *(MCG 1302)*

6. Assess for agitated delirium; treat per *TP 1208, Agitated Delirium*

7. Evaluate for medical conditions, including those that may present with psychiatric features ❹

8. If ongoing agitation and the patient is cooperative:
   Olanzapine 10mg Oral Disintegrating Tablet (ODT); given once *(MCG 1317.32)* ❺❻

   If ongoing agitation with safety risk to patient or EMS personnel **CONTACT BASE** for orders for treatment of agitation:

   Midazolam 5mg (1mL) IM/IN/IV, repeat every 5 min prn
   With Base orders may repeat as above up to a maximum total dose of 20mg ❻❼

9. Evaluate for physical trauma; if present treat in conjunction with *TP 1244, Traumatic Injury*

10. Establish vascular access prn *(MCG 1375)*

    Check blood glucose prn ❽
    If glucose < 60 mg/dL or > 400 mg/dL treat in conjunction with *TP 1203, Diabetic Emergencies*

11. Initiate cardiac monitoring prn *(MCG 1308)*
    Assess for dysrhythmia or interval widening
    CONTACT BASE for QRS > 0.12 sec or heart rate < 50 to discuss need to administer **Sodium Bicarbonate 50mEq (50mL) IV** ❾

12. Evaluate for possible suicide attempt ❿
    For potential overdose, obtain patient and bystanders information about ingestions and treat in conjunction with *TP 1241, Overdose/Poisoning/Ingestion*

13. Evaluate for acute mental health and/or substance abuse crises
    Obtain relevant clinical history regarding patient's current psychiatric diagnoses, psychiatric and other medications, and any recent alcohol or recreational drug ingestions
    Obtain and document relevant third party or collateral data ⓫

14. Patients who respond to verbal de-escalation or are treated only with olanzapine for agitation,

and are now cooperative, and who meet criteria in *Ref. No. 526, Behavioral/Psychiatric Crisis Patient Destination* and *Ref. 526.1 Medical Clearance Criteria Screening Tool for Psychiatric Urgent Care Center*, may be transported by Basic Life Support (BLS) or law enforcement (LE) to the MAR or to a Psychiatric Urgent Care Center.

15. Patients, evaluated by EMS personnel not yet approved for alternate destination transport, who receive olanzapine for agitation and are otherwise stable, and do not have an emergency medical condition, may be transported by BLS or law enforcement to the MAR only.

SPECIAL CONSIDERATIONS

❶ Scene safety includes the assessment for the presence of firearms or weapons, including observations and direct inquiry with the patient and any available/relevant third parties (e.g., family, caregivers, or witnesses). If a weapon is found on the scene, EMS personnel should notify all members on the scene, and contact law enforcement (LE) immediately.

❷ Psychiatric, including mental health and substance abuse, emergencies are medical emergencies, and as such are best treated by EMS personnel. Those patients with psychiatric emergencies presenting with agitation, violence, threats of harm to self or others, or criminal activity are best managed by an EMS and LE co-response.

❸ Always attempt verbal de-escalation first and avoid applying restraints to patients who do not present a threat to self or EMS personnel (*Ref. No. 838, Application of Patient Restraints)*

❹ Many medical causes of psychiatric symptoms exist:

- Agitation *(see MCG 1307)*
  - Acute pain
  - Head trauma
  - Infection
  - Encephalitis or Encephalopathy
  - Exposure to environmental toxins
  - Metabolic derangement
  - Hypoxia
  - Thyroid disease or other hormone irregularity
  - Neurological disease
  - Toxic levels of medications
  - Alcohol or recreational drugs: intoxication or withdrawal
  - Exacerbation of a primary psychiatric illness
  - Autism Spectrum Disorder
- Psychosis
  - Delirium
  - Chronic neurological disease (dementia, seizures, parkinsonism, brain tumor)
  - Steroid use, other medication reactions
  - Alcohol or recreational drugs: intoxication or withdrawal
- Mania
  - Delirium
  - Thyrotoxicosis
  - Alcohol or recreational drugs: intoxication or withdrawal
- Anxiety
  - Respiratory disease
  - Cardiac disease
  - Thyroid disease
  - Toxic levels of medications
  - Alcohol or recreational drugs: intoxication or withdrawal
- Depression
  - Reaction to medication
  - Chronic disease or chronic pain

Hormonal variations
Subclinical / clinical hypothyroidism
Alcohol or recreational drugs: intoxication or withdrawal

❺ Olanzapine onset is 10-15 minutes with maximum effect at 45-60 minutes

❻ Medications used for pharmacologic management of agitation may cause respiratory depression, and every individual who receives pharmacologic management should be continuously monitored and transported for additional clinical assessment and treatment.

❼ Midazolam onset is 2 minutes with maximum effect at 5 minutes. The IM or IN route is preferred unless an IV has been previously established.

❽ Agitation may be present after a seizure, or in the setting of hypo/hyperglycemia. Consider checking glucose early if the patient is a known diabetic or demonstrates clinical evidence of hypoglycemia, but only if safe to do so.

❾ Several drugs that may cause agitation and present similarly to a psychiatric crisis may also cause life threatening cardiac arrhythmias after intentional or accidental overdose. These arrhythmias are often preceded by prolonged QRS intervals (> 0.12 sec)or bradycardia. Cocaine intoxication is strongly associated with Agitated Delirium and may also produce cardiac effects similar to Tricyclic antidepressant (TCA) overdose (widened QRS progressing to malignant arrhythmia). These patients may require a large dose of sodium bicarbonate to prevent sudden cardiac death. Consult Base Physician immediately to discussion administration of Sodium Bicarbonate; may repeat x1 if QRS remains > 0.12 sec after initial sodium bicarbonate. Treat in conjunction with *TP 1241, Overdose / Poisoning / Ingestion*

❿ It is important to assess for any evidence of suicide attempt. If there is concern for overdose, ask the patient or bystanders to provide information on agents used (specifically what, when, and how much). Collect and transport any medication vials, or additional pills). This will assist in determining necessary antidote treatment and monitoring at the hospital. This information is often lost, if not obtained immediately on scene.

⓫ Patients with acute mental health or substance abuse crises may not be capable or willing to provide reliable information; therefore, it is important to obtain third party collateral information about the patient's condition (e.g., from family, caregivers, witnesses), including names and contact information for persons knowledgeable about the patient's illness, treatment and medications.