Psychiatric emergency

- Psychiatric emergencies
- 1. An emergency is defined as an unforeseen combination of circumstances which calls for an immediate action.
- A medical emergency is defined as a medical condition which endangers life and/or causes great suffering to the individual.

- 2. Psychiatric emergency is a condition where in the patient has disturbances of thought, affect and psychomotor activity leading to a threat to his existence (suicide), or threat to the people in the environment
- . Conditions in which there is alteration in behaviors, emotion or thought, presenting in an acute form, in need of immediate attention and care.

- 3. Any condition/ situation making the patient &relatives to seek immediate treatment. Disharmony between subject and environment. Sudden disorganization in personality which affects the socio-occupational functioning

- . Suicide or deliberate self harm
- Violence or excitement
- . Stupor
- Panic
- Withdrawal symptoms of drug dependence.
- Alcohol or drug over dose
- Delirium
- Severe depression (suicidal or homicidal tendencies, agitation or stupor)
- . Iatrogenic emergencies
- Side effects of psychotropic drugs
- Psychiatric complications of drugs used in medicine (eg: INH, steroids, etc.)
- Abnormal responses to stressful situations.

- _1. Handle with the utmost of tact and speech so that well being of other patients is not affected.
- 2. Act in a calm and coordinate manner to prevent other clients from getting anxious.
- Shift the client as early as possible to a room where they can be safe guarded against injury
- . Ensure that all other clients are reassured and the routine activities proceed normally.
- . Psych. emergencies overlap medical emergencies and staff should be familiar with the management of both.

- To safeguard the life of patient.
- To bring down the anxiety of family members.
- To enhance emotional security of others in the environment.

SUICIDE(Deliberate Self Harm)

- . One of the commonest psychiatric emergency.
- Commonest cause of death among psychiatric patients. Suicide is defined as the intentional taking of one's life in a culturally non-endorsed manner.
- Attempted suicide is an unsuccessful suicidal act with a nonfatal outcome.
- One among the top 10 causes of death.
- Male to female ratio – 64 : 36 Highest in the age group 15-29 y
- Methods used Ingestion of poison (34.8%) Hanging (32.2%) Burning (8.8%) Drowning (6.7%) Jumping in front of train or vehicle (3%)

- . Psychiatric disorders
- □ Major depression□ Schizophrenia□ Drug or alcohol abuse□ Dementia□ Delirium□ Personality disorder2. Physical disorders□ Chronic or incurable physical disorders like cancer, AIDS
- Psychosocial factors
- □ Failure in examination□ Marital problems□ Loss of loved object□ Isolation and alienation from social groups□ Financial and occupational difficulties

Risk factors

- 1. Age > 40 years
- 2. Male gender
- 3. Staying single
- 4. Previous suicidal attempts
- 5. Depression
- 6 Presence of guilt, nihilistic ideation, worthlessness..
- 7. Higher risk after response to treatment
- 8. Higher risk in the week after discharge
- 9. Suicidal preoccupation
- 10. Alcohol or drug dependence7. Chronic illness8. Recent serious loss or major stressful life event9. Social isolation10. Higher degree of impulsivity

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- 13.Social isolation
- 14.Higher degree of impulsivity
- 15.Appearing depressed or sad most of the time Feeling hopeless, expressing hopelessness
- 16.Withdrawing from family and friends

- Making overt statements like “I can’t take it any more” ;“I wish I were dead”;
- Making covert statements like “it’s okay now, everything will be fine”;“I wont be a problem for much longer” Loosing interest in most activities Giving away prized possessions Making out a will Being preoccupied with death or dying Neglecting personal hygiene

Fiction

- . People who talk about suicide do not complete suicide
- People who attempt suicide really want to die
- . Suicide happens without any warning
- Once people decide to die by suicide, there is nothing you can do to stop them
- . All suicidal individuals are mentally ill
- . Once a person is suicidal, he is suicidal forever.

Approach

- Be aware of the warning signs
- Monitor the patient's safety needs Take all suicidal threats or attempts seriously. Search for toxic agents such as drugs/ alcohol. Do not leave the drug tray within reach of the patient Make sure that daily medication is swallowed. Remove sharp instruments from the environment. Remove straps and clothing such as belts. Do not allow the patient to bolt the door from inside. Somebody should accompany to the bathroom. Patient should never be left alone

Approach

- . Spent time with patient; allow ventilation of emotions
- . Encourage to talk about his suicidal plans/ methods
- In case of severe suicidal tendency – sedation
- A ‘ no suicide’ agreement may be signed
- Enhance self esteem by focusing on his strengths. Acute psychiatric emergency interview
- Counseling and guidance
- To deal with the desire to attempt suicide To deal with ongoing life stressors and teaching new coping skills. Treatment of psychiatric disorders

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VIOLENCE /EXCITEMENT /AGGRESSIVE BEHAVIOR

- Physical aggression by one person on another.
- During this stage, patient will be irrational, un co-operative, delusional and assaultive.

Causes

- Organic psychiatric disorders
- Delirium Dementia Wernicke-Korsakoff's psychosis
- Other psychiatric disorders
- Schizophrenia
- Mania
- Agitated depression
- Withdrawal from alcohol and drugs
- Acute stress reaction
- Panic disorder
- Personality disorder

Approach

- Protect yourself
- Unarm the patient
- Keep the doors open
- Keep others near you
- Do restrain if necessary
- Assert authority
- Show concern, establish rapport and assure the patient
- Do not keep potential weapon near the patient
- Do not sit with back to patient
- Do not wear neck tie or jewellery

Approach

- Do not keep any provocative family member in the room
- Do not confront
- Do not sit close to the patient
- . Untie the patient, if tied up
- Reassurance
- Talk to the patient softly
- Firm and kind approach is essential
- Ask direct and concise questions
- Avoid yes or no questions
- Assist the patient in defining the problem

- Sedation Diazepam 5-10 mg slow IV Haloperidol 2-10 mg IM/IV Chlorpromazine 50-100 mg IM
- Collect detailed history and explore the cause
- Carry out complete physical examination
- Check hydration status; if severe dehydration– IV fluids

Approach

-
- Have less furniture in the room, remove all sharp instruments
- Keep environmental stimuli to the minimum
- Stay with the patient to reduce anxiety
- Redirect violent behavior with physical outlets such a sexercise, outdoor activities
- Encourage the patient to ‘talk out’ the aggressive feelings rather than acting them out

Physical Restraints

- Used as a last resort
- Should be done in a humane way
- Take written consent from care givers (preferable)
- Get a second opinion if possibleGUIDELINES
- Approach patient from front
- Never see a potentially violent patient alone
- Have a 4 member team to hold each extremity
- Keep talking while restraining Do not leave the unattended after restraining Observe every 15 minutes for any numbness, tingling or cyanosis in the extremities. Ensure that nutritional and elimination needs are met.

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- Never see the patient alone Keep a comfortable distance away from patient Be prepared to move Maintain a clear exit route Be sure that the patient has no weapons with him If patient is having a weapon, ask him to keep it down rather than fighting with him. Keep something (pillow, mattress, blanket)between you and weapon. Distract the patient to remove the weapon (eg; throwing water on the face) Give prescribed antipsychotics

STUPOR &CATATONICSYNDROME

- Stupor is a clinical syndrome of a kinesis and mutism but with relative preservation of conscious awareness.
Often associated with catatonic signs and symptoms

- **Catatonic syndrome** -- any disorder which presents with at least two catatonic signs. Catatonia– either excited or withdrawn Catatonic signs-- negativism, mutism, stupor, am bi tendency, echolalia, echo praxia, catalepsy, stereotypes, verbi geration, excitement and impulsiveness.

STUPOROUS PATIENT Approach

- Ensure patent airway
- Maintain hydration (Ryle's tube feeding or IV fluids)
- Check vital signs
- History and physical examination
- Draw blood for investigation before starting any treatment
- Identify the specific cause and treat Provide care for an unconscious patient
- Care of skin, nutrition, elimination and personal hygiene is required
- Give ventillatory support if needed.

Episodes of acute anxiety and panic

- MANIFESTATIONS
- Palpitations Sweating Tremors Feelings of choking Chest pain Nausea Abdominal distress Fear of dying Paresthesia Hot flushes

- Give reassurance Search for causes Inj. Diazepam 10 mg or Lorazepam 2 mg Counsel the patient and relatives Use behavior modification techniques

People who have survived a sudden,unexpected, overwhelming stress

- MANIFESTATIONS
- Features Anger Frustration Guilt Numbness Confusion Flashbacks Depression

- Treatment of the life threatening physical problem
- Intervention
- Listen attentively
- Do not interrupt
- Acknowledge understanding of the pain & distress
- Look into their eyes
- Console them – patting on the shoulders / touching /holding their hands
- Use silence
- Do not ask them to stop crying
- Provide accurate and responsible information

- Group therapy
- Benzodiazepines to reduce anxiety
- Referral to mental health service, if required.
- Educate about the available resources
- Teach them that these reactions are normal to these type of situations.
- Teach coping strategies to avoid the development of crisis.