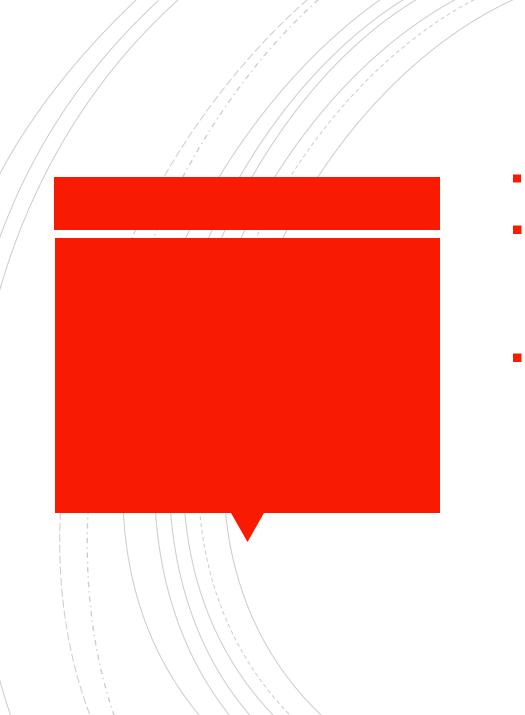
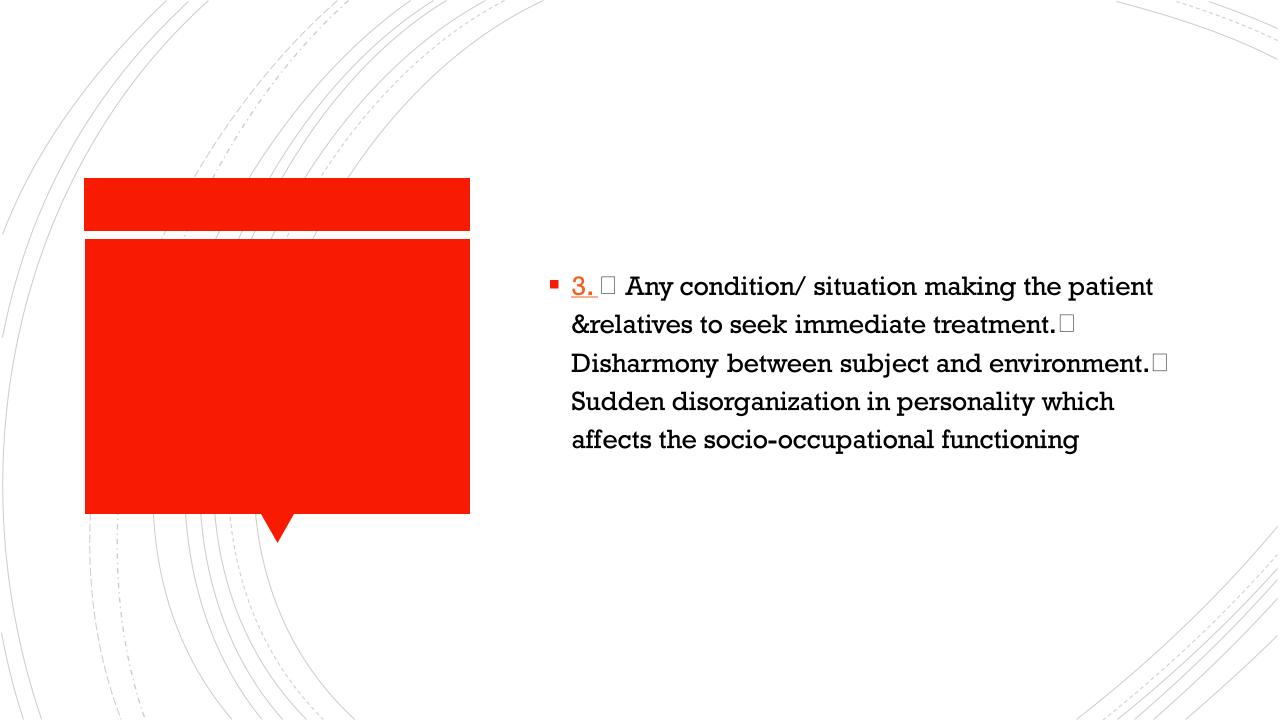
Psychiatric emergency

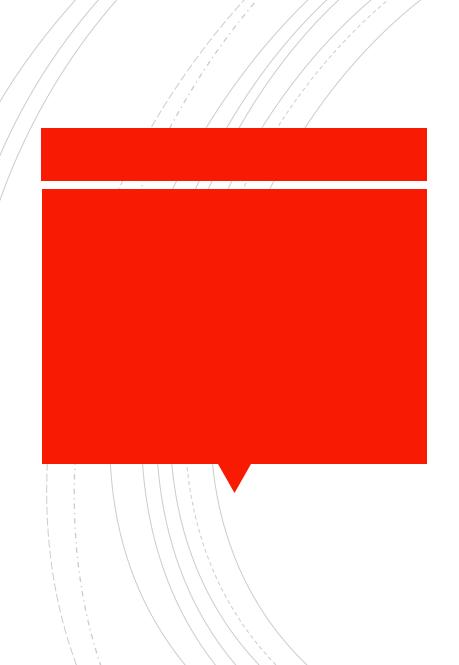


- Psychiatric emergencies
- 1.
 ☐ An emergency is defined as an unforeseen combination of circumstances which calls for an immediate action.
 ☐
- A medical emergency is defined as a medical condition which endangers life and/or causes great suffering to the individual.



- 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.





- 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.

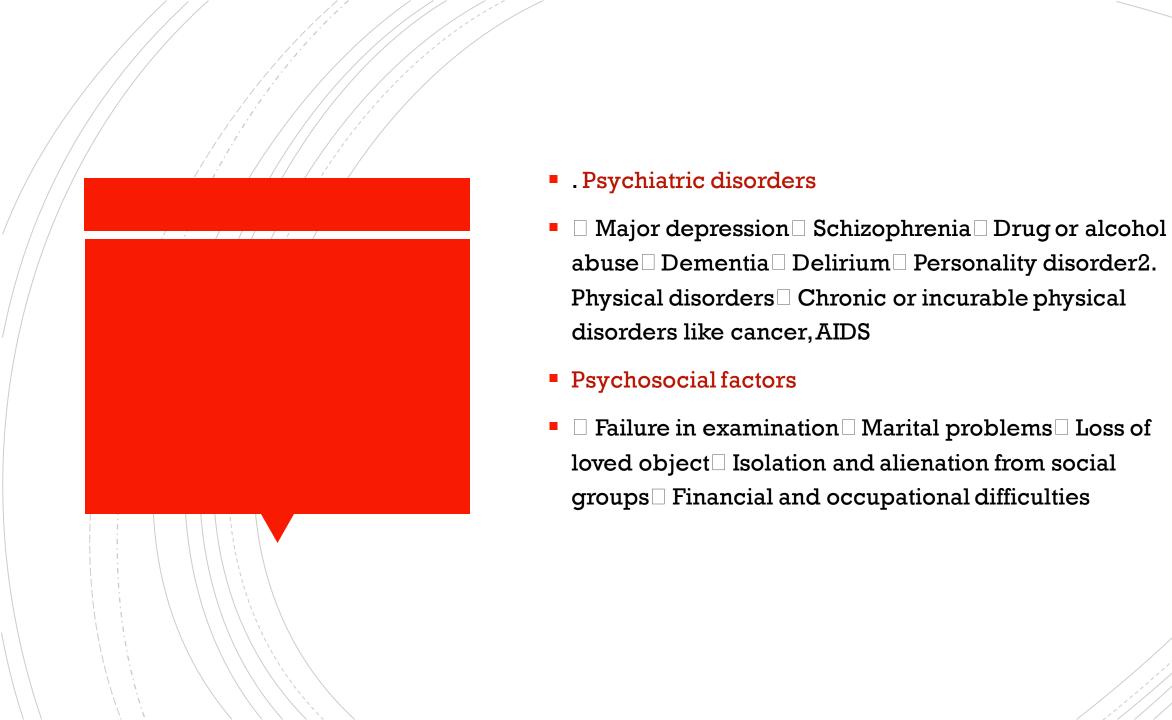


- 1. Handle with the utmost of tact and speech so that well being of other patients is not affected.
- 2. Act in a calm and coordinate manner to prevent other clients from getting anxious.
- Shift the client as early as possible to a room where they can be safe guarded against injury
- . Ensure that 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.



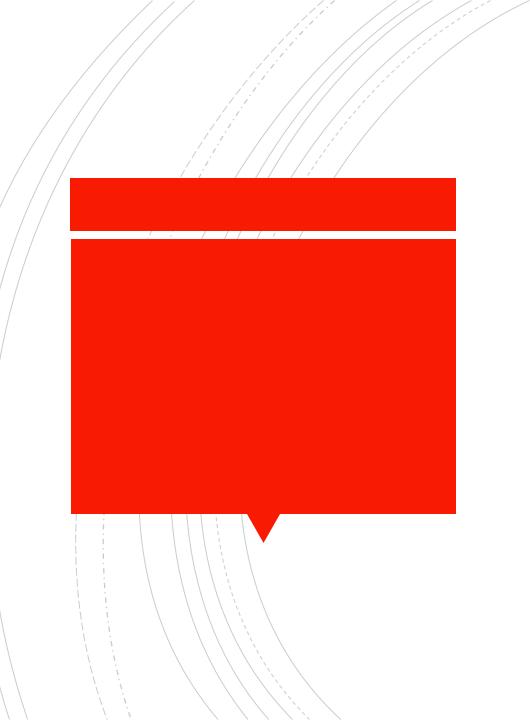
SUICIDE(Deliberate Self Harm)

- 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.
- \square Male to female ratio 64 : 36 \square 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%)



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



- 9. Suicidal preoccupation
- 10. Alcohol or drug dependence
- 11.Chronic illness
- 12Recent serious loss or major stressful life event
- 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



- _ 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.



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

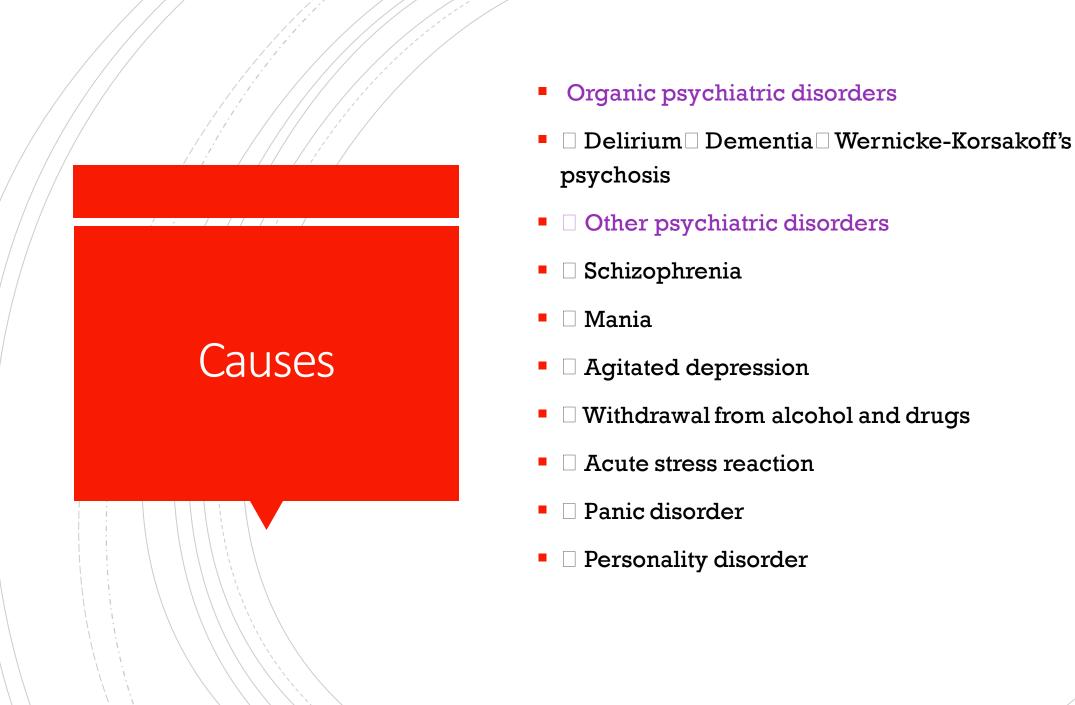


- _ □ Spent time with patient; allow ventilation of emotions
- □ .□ Encourage to talk about his suicidal plans/ methods
- □ In case of severe suicidal tendency sedation
- □ A ' no suicide' agreement may be signed
- □ Enhance self esteem by focusing on his strengths. □ Acute psychiatric emergency interview
- 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



VIOLENCE /EXCITEMENT /AGGRESSIVE BEHAVIOR

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

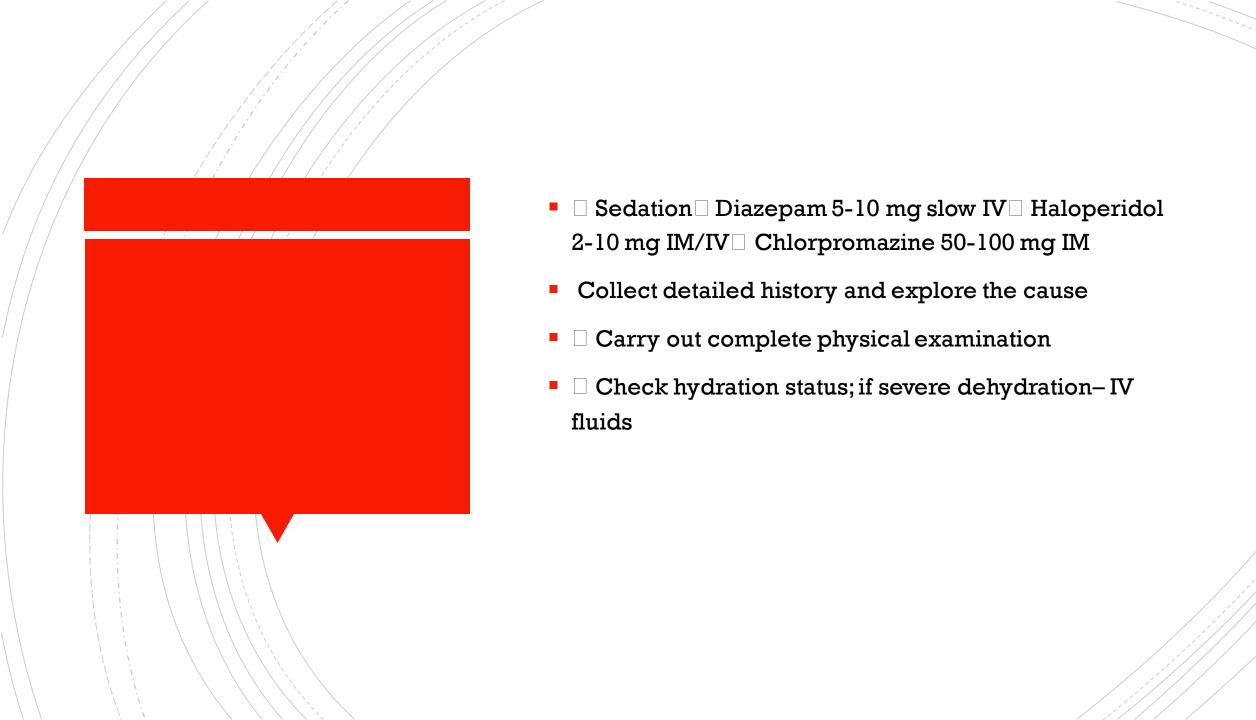


Approach

- _ □ 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



- 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
- \blacksquare Assist the patient in defining the problem



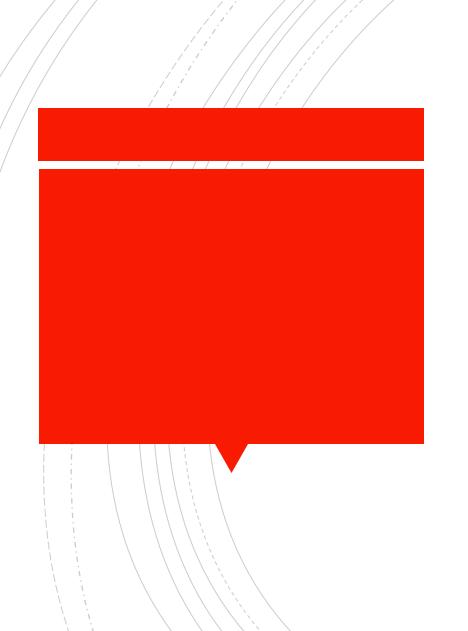


- Have less furniture in the room, remove all sharp instruments
- □ Keep environmental stimuli to the minimum
- Stay with the patient to reduce anxiety
- Redirect violent behavior with physical outlets such a sexercise, outdoor activities
- □ Encourage the patient to 'talk out' the aggressive feelings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





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 &CATATONICSY NDROME

■ 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, unexpect ed, 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

