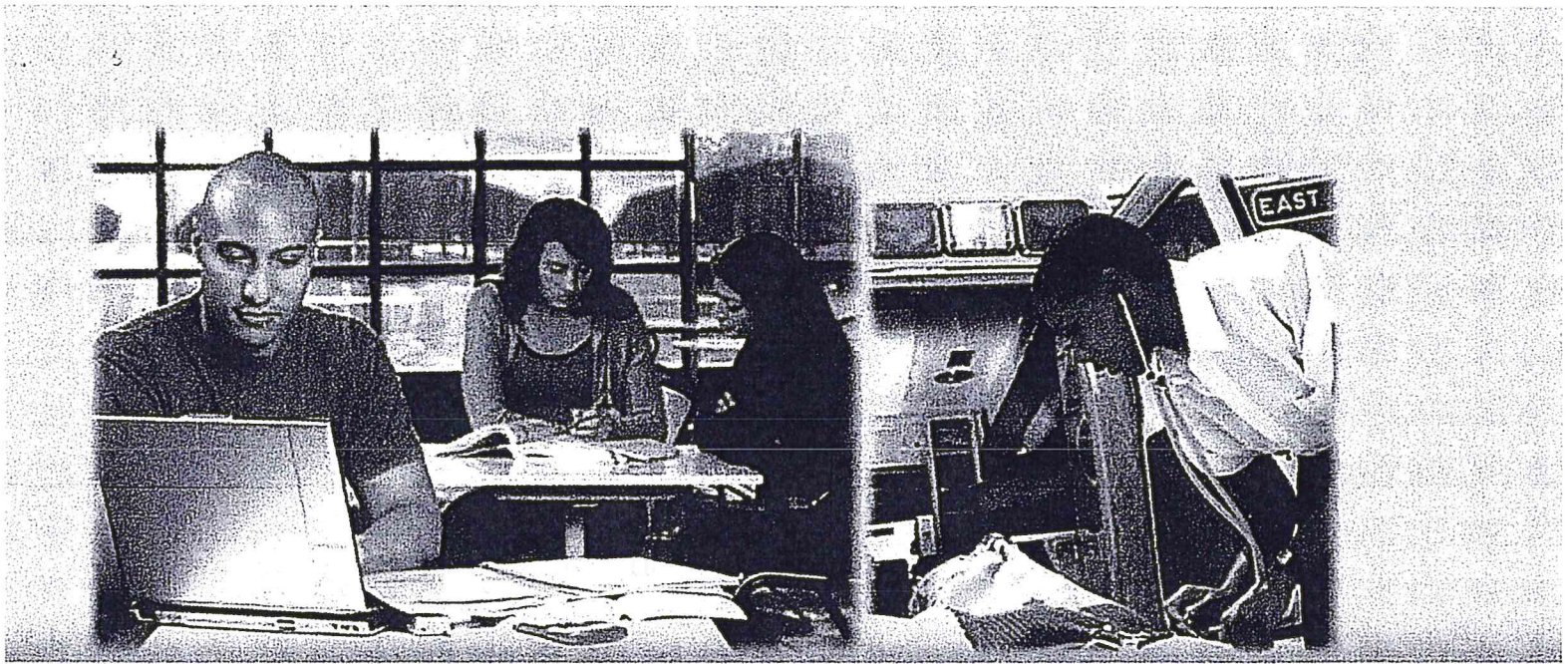


Attachment 2

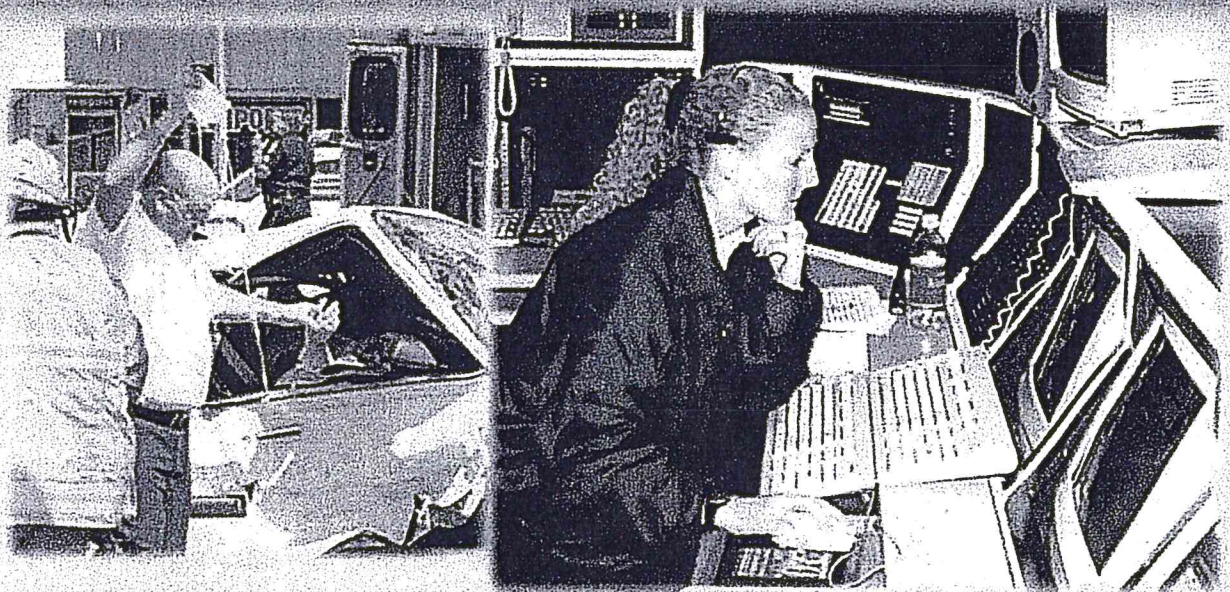
National EMS Education Standards

Emergency Medical Technician Instructional Guidelines



NATIONAL EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS

Emergency Medical Technician Instructional Guidelines



Medicine Psychiatric

EMT Education Standard

Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.

EMT-Level Instructional Guideline

The EMT Instructional Guidelines in this section include all the topics and material at the EMR level PLUS the following material:

- I. Define
 - A. Behavior
 - B. Psychiatric Disorder
 - C. Behavioral Emergency

- II. Epidemiology of Psychiatric Disorders

- III. Assessment
 - A. General Appearance
 - B. Speech
 - C. Skin
 - D. Posture/Gait
 - E. Mental Status
 - F. Mood, Thought, Perception, Judgment, Memory, and Attention

- IV. Behavioral Change
 - A. Factors That May Alter a Patient's Behavior – May Include Situational Stresses, Medical Illnesses, Psychiatric Problems, and Alcohol or Drugs
 - B. Common Causes of Behavioral Alteration
 1. Low blood sugar
 2. Lack of oxygen
 3. Hypoperfusion
 4. Head trauma
 5. Mind altering substances
 6. Psychogenic – resulting in psychotic thinking, depression or panic
 7. Excessive cold
 8. Excessive heat
 9. Meningitis
 10. Seizure disorders
 11. Toxic ingestions – overdose
 12. Withdrawal of drugs or alcohol

- V. Psychiatric Emergencies
 - A. Acute Psychosis
 - B. Assessment for Suicide Risk
 - 1. Depression
 - 2. Risk factors/signs or symptoms
 - a. Ideation or defined lethal plan of action which has been verbalized and/or written
 - b. Alcohol and substance abuse
 - c. Purposelessness
 - d. Anxiety, agitation, unable to sleep or sleeping all the time
 - e. Feeling trapped, no way out
 - f. Hopelessness
 - g. Withdrawal from friends, family and society
 - h. Anger and/or aggressive tendencies
 - i. Recklessness or engaging in risky activities
 - j. Dramatic mood changes
 - k. History of trauma or abuse
 - l. Some major physical illness (cancer, CHF, etc.)
 - m. Previous suicide attempt
 - n. Job or financial loss
 - o. Relational or social loss
 - p. Easy access to lethal means
 - q. Lack of social support and sense of isolation
 - r. Certain cultural and religious beliefs
 - 3. Important questions
 - a. How does the patient feel?
 - b. Determine suicidal tendencies
 - c. Is patient threat to self or others?
 - d. Is there a medical problem?
 - e. Is there trauma involved?
 - f. Interventions?
- C. Agitated Delirium
 - 1. Emergency medical care
 - a. Scene size-up, personal safety
 - b. Establish rapport
 - i. utilize therapeutic interviewing techniques
 - a) engage in active listening
 - b) supportive and empathetic
 - c) limit interruptions
 - d) respect patient's territory, limit physical touch
 - ii. avoid threatening actions, statements and questions
 - iii. approach slowly and purposefully
 - c. Patient assessment
 - i. intellectual functioning
 - ii. orientation
 - iii. memory
 - iv. concentration

- v. judgment
- vi. thought content
 - a) disordered thoughts
 - b) delusions, hallucinations
 - c) unusual worries, fears
- vii. language
 - a) speech pattern and content
 - b) garbled or unintelligible
- viii. mood
 - a) anxiety, depression, elation, agitation
 - b) level of alertness, distractibility
 - i) appearance, hygiene, dress
 - ii) psychomotor activity
- d. Calm the patient – do not leave the patient alone, unless unsafe situation; consider need for law enforcement
- e. Restrain if necessary
- f. Transport
- g. If overdose, bring medications or drugs found to medical facility

VI. Medical-Legal Considerations

- A. Types of Restraints
- B. Transport Against Patient Will

VII. Consider Age-Related Variations for Pediatric and Geriatric Assessment and Management

- A. Pediatric Behavioral Emergencies
 - 1. Teenage suicide concerns
 - 2. Aggressive behavior may be a symptom of an underlying disorder or disability
- B. Geriatrics -- suicide issues/depression common

