

Attachment 3

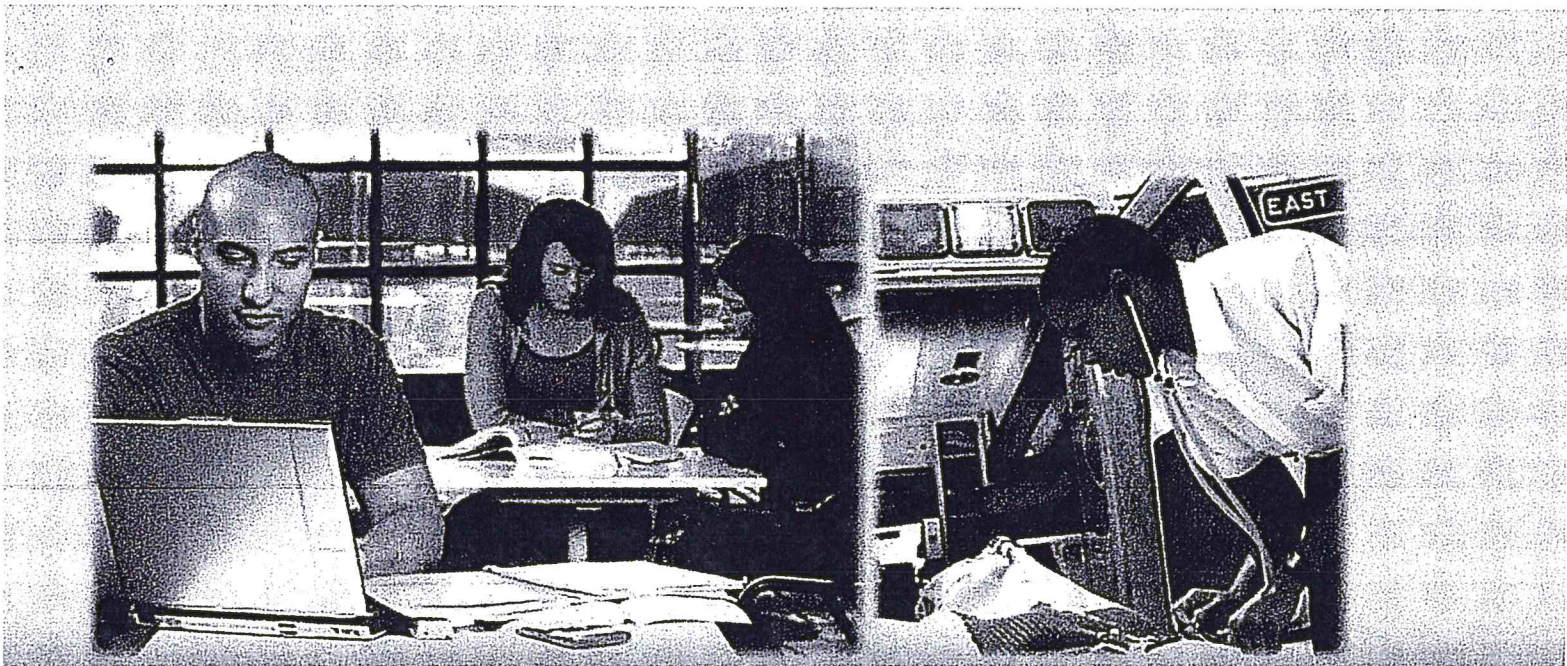
National EMS Education Standards

Advanced Emergency Medical Responder Instructional Guidelines

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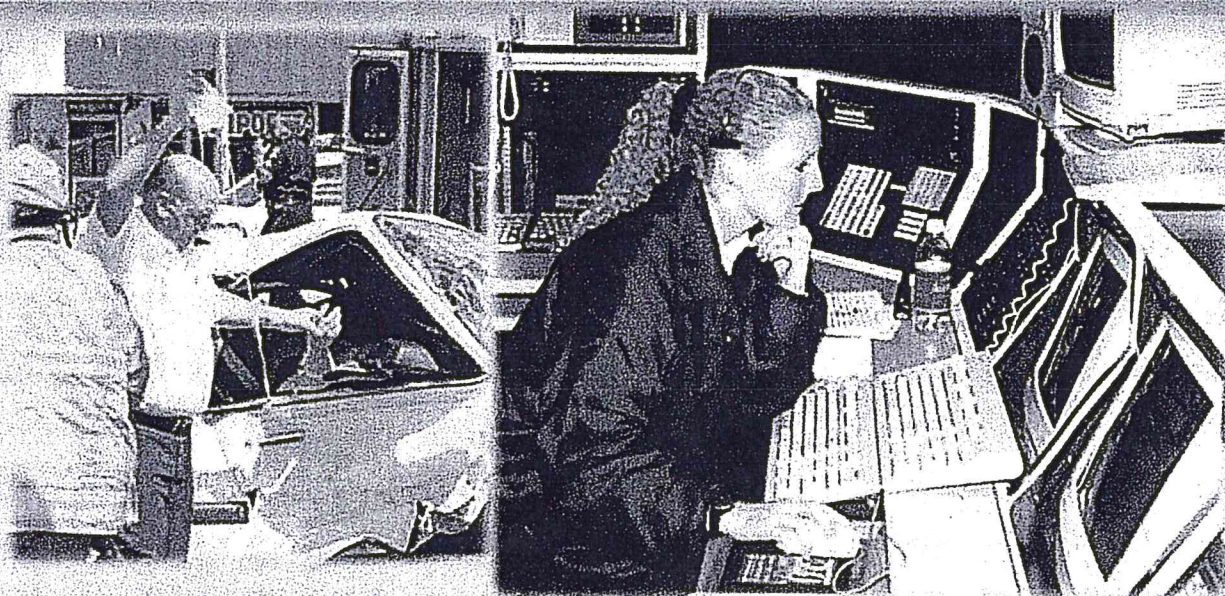
Paramedic Instructional Guidelines





# NATIONAL EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS

Advanced Emergency Medical Technician Instructional Guidelines





# Medicine

## Psychiatric

### AEMT Education Standard

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

### AEMT-Level Instructional Guideline

The AEMT Instructional Guidelines in this section include all the topics and material at the EMT 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

#### 1. Assessment for Suicide Risk

- a. Depression
- b. Risk Factors/signs or symptoms
  - i. ideation or defined lethal plan of action which has been verbalized and/or written.
  - ii. alcohol and substance abuse
  - iii. purposelessness
  - iv. anxiety, agitation, unable to sleep or sleeping all the time
  - v. feeling trapped, no way out
  - vi. hopelessness
  - vii. withdrawal from friends, family and society
  - viii. anger and/or aggressive tendencies
  - ix. recklessness or engaging in risky activities
  - x. dramatic mood changes
  - xi. history of trauma or abuse
  - xii. some major physical illness (cancer, CHF, etc.)
  - xiii. previous suicide attempt
  - xiv. job or financial loss
  - xv. relational or social loss
  - xvi. easy access to lethal means
  - xvii. lack of social support and sense of isolation
  - xviii. certain cultural and religious beliefs

#### 2. 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?

### B. 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.

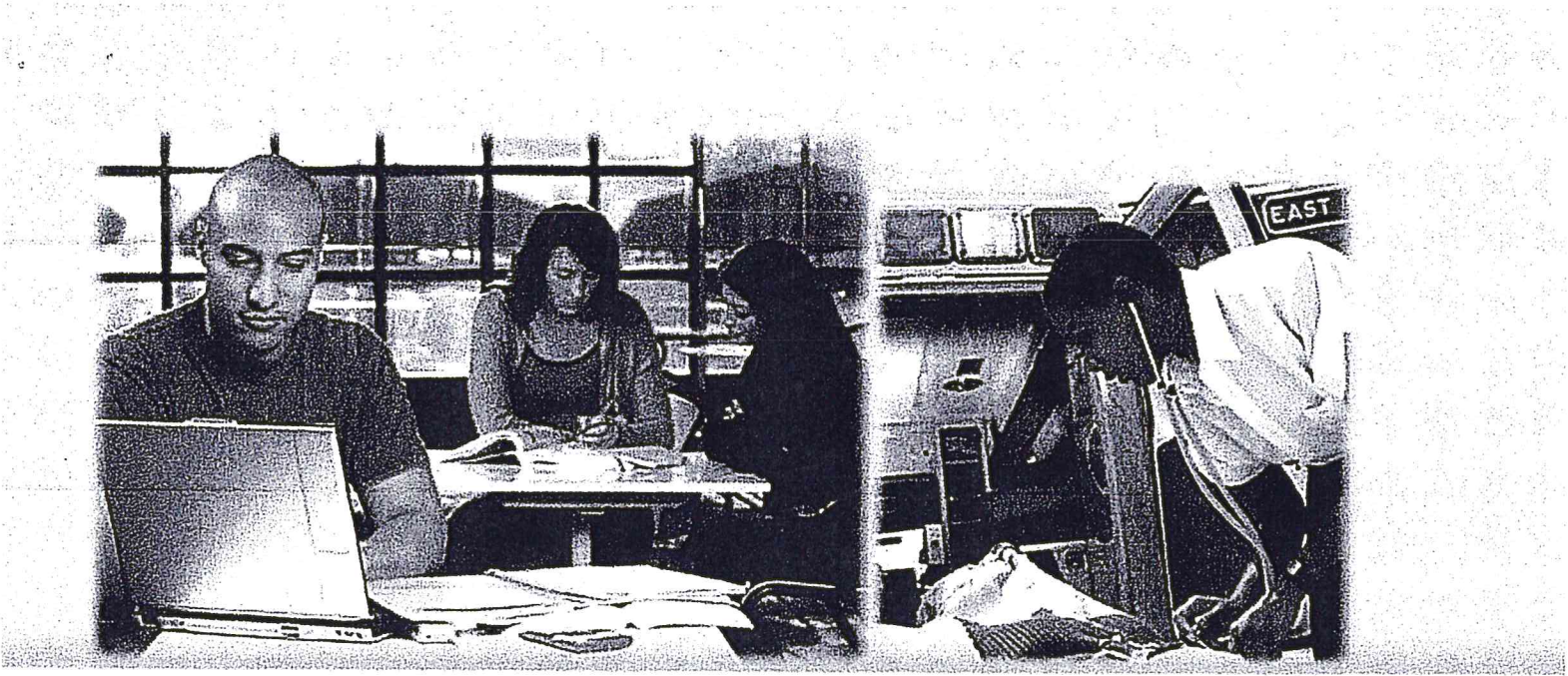
## VI. Medical-Legal Considerations

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

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

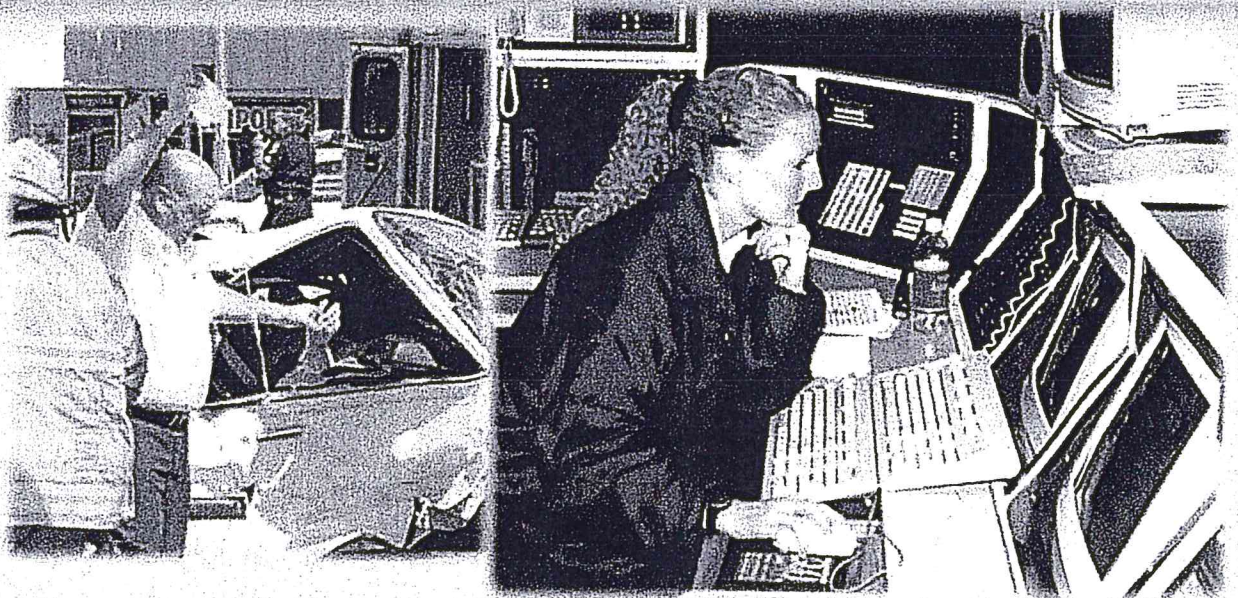
- A. Pediatric Behavioral Emergencies
  - 1. Teenage suicide concerns
  - 2. Aggressive behavior may be a symptom of an underlying disorder or disability
- B. Geriatrics





# NATIONAL EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS

## Paramedic Instructional Guidelines





# Medicine Psychiatric

## Paramedic Education Standard

Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for a patient with a medical complaint.

## Paramedic-Level Instructional Guideline

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

- I. Introduction
  - A. Prevalence
  - B. Medical legal considerations
  - C. Safety
  
- II. Pathophysiology
  - A. Biological/Organic
  - B. Environment
    1. Psychosocial
    2. Socio-cultural
  - C. Injury and illness
  - D. Substance-related
    1. Abuse
    2. Dependence
    3. Intoxication
    4. Medication non-compliance
  
- III. Understanding Behavior
  - A. Normal
  - B. Abnormal
  - C. Overt
  - D. Violent
  
- IV. Acute psychosis
  - A. Pathophysiology
    1. Related to mental illness
    2. Organic psychosis
  - B. Signs and symptoms

- C. Prehospital management
  - 1. Non-pharmacologic
  - 2. Pharmacologic
  
- V. Agitated delirium
  - A. Pathophysiology
  - B. Risk factors
  - C. Signs and symptoms
  - D. Management
  
- VI. Specific Behavioral/Psychiatric Disorders
  - A. Cognitive Disorders
  - B. Thought Disorders
    - 1. Schizophrenia
    - 2. Psychosis
  - C. Mood Disorders
    - 1. Bipolar
    - 2. Depression
  - D. Neurotic disorders
  - E. Substance-Related Disorders/Addictive behavior
  - F. Somatoform Disorders
  - G. Factitious Disorders
  - H. Fastidious Disorders
  - I. Impulse Control Disorders
  - J. Personality Disorders
  - K. Suicide
  - L. Patterns of Violence, Abuse, and Neglect
  
- VII. Assessment findings for behavioral/psychiatric patients
  - A. Mental Status Exam (MSE)
    - 1. consciousness
    - 2. orientation
    - 3. activity
    - 4. speech
    - 5. thought
    - 6. memory
    - 7. affect and mood
    - 8. perception)
  - B. Physiological changes
  - C. Medical/social history
  - D. Consider if patient is danger to self and/or others
  - E. Consider medical causes of acute crises
  
- VIII. Providing Empathetic and Respectful Management
  - A. Communication techniques
  - B. Crisis intervention skills
  - C. Use of force/restraints (chemical, physical, tasers)



IX. Medications

- A. Pharmacodynamics of prescribed medications for behavioral/psychiatric disorders
  - 1. Amphetamines
  - 2. Antidepressants
  - 3. Antipsychotic
  - 4. Phenothiazines
- B. Problems associated with non-compliance
- C. Emergency use

X. Consider age-related variations in pediatric and geriatric patients

XI. Communication to medical facility and documentation

XII. Transport decisions

