M-15 Psychiatric Emergencies

Designation of Condition: The patient will be alert, but may have other mental status alterations, such as: disorders of perception and thought, inappropriate situational behavior, appearance and attitude, abnormal affect or mood, poor insight and poor judgment, and disordered speech or speech content. Signs and symptoms may include: depression and suicidality, hallucinations, pressured speech, loose associations, racing thoughts, grandiose or paranoid ideation, delusions, hysteria, extreme anxiety, or any other aggressive actions that could cause harm to the patient or others.

ALL PROVIDERS

- Make sure the scene is safe
- Approach the patient in a calm, slow, reassuring and honest manner. Multiple people attempting to intervene may increase the patient's confusion and agitation.
- Protect the patient from injury. Involuntary restraint should be considered if indicated by patient behavior and if necessary to render care and protect rescuers. (Refer to protocol TT-5 Involuntary Emergency Transport.)
- Remove patient from stressful environment if possible. Remember psychiatric episodes can be extremely difficult for the patient and their families.
- Be sure to consider and treat all possible trauma/medical causes for aberrant behavior per protocols. Be aware that medical illnesses including hypoglycemia, hypoxia, stroke, head injury, CNS infection, etc. may mimic psychiatric illness. Do not assume the patient's condition is purely psychiatric.
- If the Crises Intervention Team (CIT) is on scene, EMS assessment and intervention must not be delayed or hampered, however, in certain "volatile" situations the CIT will need the necessary time to diffuse the situation in order to allow for EMS intervention to occur as smoothly as possible. When arriving on scene where a CIT interview has taken place or is in progress, EMS crews should get an initial report from the CIT Officer in charge so as not to duplicate questions to the patient already in crises. Conversely, if EMS is first on scene, give an initial report to the CIT Officer so that duplication of questioning can be kept to a minimum.

All patients will be assessed and evaluated by EMS regardless of transport status.

- Patient Exam: ABC's, vital signs, and a thorough medical and psychiatric history (including all current medications). O_2 as necessary. Do not agitate or irritate the patient with a prolonged exam.

INTERMEDIATE AND PARAMEDIC

- IV/IO NS as necessary

PARAMEDIC

- Monitor ECG as necessary.

Transport: Patients may be transferred directly to a mental health facility if they are not under the influence of drugs or alcohol, if pre-hospital personnel harbor no suspicion of OD (e.g., patients own psychiatric medications), and both of the following conditions apply:

1. Patient is alert, with normal vital signs (see parameters below) and has no signs or symptoms of an acute medical illness or injury, and has either an unambiguous psychiatric condition (e.g., suicidal ideation) or has a history of a psychiatric illness that is consistent with current presentation.
2. After consultation with MCEP of the receiving facility a joint decision is made that the patient does not require an ED evaluation and that the patient is appropriate for transport to a mental health facility, OR prior acceptance of patient has been arranged by the accepting mental health facility.

Law Enforcement officers may transport directly to a mental health facility if vital signs fall within stated parameters and the paramedic does not suspect any other underlying traumatic or medical causes.

- Vital signs parameters:
  - HR 60-110
  - RR 12-25
  - O_2 sat >90%
  - Systolic BP 90-160 mmHg
  - BGL 70-200 (if performed)

In all other situations, paramedics will transport psychiatric/mental patients directly to the emergency room for evaluation.

MCB Action	Passed 4/20/94	Implemented 06/01/94	Revised 05/15/02	Revision # 4	Implemented 07/01/02

M-16 MATS Public Inebriate Intervention Program (PIIP)

Designation of Condition: Upon evaluation, adult person (at least 18 years of age) is determined to be intoxicated with Ethanol.

The Purpose of this program is: to relieve congestion in the Metropolitan area Hospital Emergency Departments and Psychiatric Emergency Services, and reduce the frequency of low acuity, non- emergency responses by pre-hospital providers to serial inebriates. This will increase the availability of resources for critical emergencies, and reduce the number of bookings by APD at the Metropolitan Detention Center (MDC) by instead providing stabilization, observation, and placement support services to public inebriates at the Metropolitan Assessment and Treatment Services (MATS) location in Bernalillo County.

Definitions:

- **MATS** – The name of the entire facility
- **PIIP** – The non-medical sobering unit within MATS
- **MOTU** – Medical Monitoring Unit within MATS

ALL PROVIDERS

Transport criteria:

All intoxicated or withdrawing persons may be transported to MATS (PIIP) if the following admission criteria are met:

a. Primary diagnosis is Intoxication.
b. Person can walk or use their assistive devices without assistance (i.e. cane or wheelchair) and have no focal motor or sensory deficits
c. Person is able to use the toilet, eat, and drink independently.
d. Person is non-combative and non-belligerent
e. If expressing suicidal ideations, does not have an actual plan for self-harm
f. Person has no active wounds, signs of head trauma or other acute trauma beyond simple skin abrasions.
g. Person is not actively seizing.
h. Person accepts offer to be transported to PIIP and may leave at any time.
i. Person must be easy to arouse.
j. Person must be able to make focused eye contact and state name.
k. Vital Signs are within the parameters on the chart below:

HR	Systolic BP	Resp. Rate	BGL	O2 Sat
60-110	90-160	12-25	70-200	>90%

If these criteria are met then transport to PIIP is permitted by EMS personnel, police, PSO or MATS Transport unit. MATS staff will determine if individual is placed in MOTU for observation.

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Transfer protocol enabling transport from EDs or other medical facilities:
Patients deemed stable in emergency departments after an appropriate medical screening exam are eligible for transfer to the PIIP area of MATS, if medically cleared and the transfer is approved by a physician.

The following additional criteria must be met besides meeting the PIIP criteria:

a. Patient must require no further testing.
b. Patient must require no further therapies that are available only in a hospital setting.
c. Patient has required no naloxone for 2 hours.
d. Vital signs stable
e. Discharge papers

- 911 providers that make contact with PIIP candidates may contact the appropriate 911 PSAP for availability of the PIIP unit. The PIIP unit may also be requested for the specific call type and/or respond in coordination with an emergency response unit.
- 911 providers will not transport to MATS unless there are no other available or appropriate means of transportation.
- All transports will communicate with MATS intake staff on availability of beds prior to transport
- MATS contact number: 505-468-1555

MCB Action	Passed 11/15/00	Implemented 01/01/01	Revised 02/15/17	Revision # 9	Implemented 03/01/2017

TT-5 Involuntary Emergency Transport

New Mexico State Statutes Amended 1978 Chapter 24-10B-9.1 Emergency Transportation

ALL PROVIDERS

Any person may be transported to an appropriate health care facility by an emergency medical technician, under medical direction, when the emergency medical technician makes a good faith judgment that the person is incapable of making an informed decision about his own safety or need for medical attention and is reasonably likely to suffer disability or death without the medical intervention available at such a facility.

MCB	Passed	Implemented	Revised	Revision #	Implemented
Action	4/20/94	06/01/94	01/19/11	3	04/01/11

TT-6 Patient Refusal of Treatment or Transport

Designation of Condition: To provide guidelines for instances where patients are not treated or transported to a hospital

ALL PROVIDERS

Interpretations and Guidelines: As emergency service providers we should respond to all calls with the intention of providing appropriate pre-hospital patient care. At no time should we try to talk the patient out of going to the hospital. Whatever their decision, it must be theirs alone. If the patient asks you whether he/she really needs to go to the hospital or be seen by a physician, it is recommended that you tell them, "We can't make that determination. If you would like to go to the emergency room to be seen by a doctor, we will provide transportation for you to the hospital of your choice, if available."

Requirements for Patient Refusals: Certain criteria must be met before a patient may sign a refusal of treatment and/or transport.

Age Criteria:

- Adult - 18 years of age or older
- Emancipated Minor - 16 years of age and married, a minor in the military or court order divorcing minor from the parents

Patient Assessment Criteria:

- Patient must be alert and able to maintain coherent thought and speech
- Patient must be oriented and able to reference Time/Date/Place/Person/Situation
- Patient judgment must not be clouded with alcohol or drug use
- Patient must not have evidence of suicidal tendencies and must not have evidence that they are a danger to themselves or others
- Patient must not exhibit evidence of bizarre or psychotic thought/behavior
- Patient vital signs must be within normal limits
- Patient must have a neurologic exam including coordination and gait that is normal or consistent with their past medical history.
- Patient must not have evidence of life or limb threatening injury or illness

If above criteria are met and the patient refuses treatment or transport, they must demonstrate an understanding of their medical situation and the risks associated with refusal.

If the patient meets the above criteria and refuses treatment and/or transport, have the patient sign the patient refusal portion of the run report.

If the patient does not meet the above criteria, attempt to persuade the patient of the need for treatment /transport. If the patient continues to refuse, consider utilizing protocol TT-5 or contact an MCEP.
Minors: Reference TT-2 Guidelines for the Transport of Minors
The refusal form MUST BE SIGNED BY: Natural Parent or Adopted Parent or Legal Guardian.
In no event will legal consent procedures delay emergent patient care or transport. All cases resulting in non-transport will generate a thorough patient care narrative for each patient seen.

MCB Action	Passed	Implemented	Revised	Revision #	Implemented
	4/20/94	06/01/94	01/16/13	4	04/01/13

TT-2 Guidelines for the Transport of Minors

Designation of Condition: These guidelines are designed to help crews with the difficult job of handling minor patients (<18 years of age) and the situation when a minor has a child.

ALL PROVIDERS

- For minors to make a decision regarding healthcare, they must be emancipated. They must be 16 years of age and:
  - Married
  - Divorced
  - Active military
  - Legally declared emancipated in a court of law
- Pregnancy in and of itself does not emancipate a minor.
- When in doubt, use EMS Act, Section 24-10B.-9.1, to transport the patient against their will (see TT-5). Error on the side of transport versus cancellation.
- When in doubt, contact an MCEP.
- When a minor over the age of 16 is evaluated and is uninjured and is refusing further care, the patient can sign the liability release as acknowledgment of evaluation and refusal but this does not absolve the agencies of liability. The minor must be left in a safe environment. Utilize law enforcement and MCEP as necessary.
- In certain circumstances, young minors may be left in the care of others who have been left in charge of the minor. Specific caretakers (loco parentis), including a non-minor sibling or other non-guardian family member, a school bus driver or adult group leader (church, scouts, church), may take responsibility if they have assumed responsibility for the child and sign the liability release.
- An emancipated minor can make decisions for her minor child. There is no law that allows a minor mother to or prohibits a minor mother from making decisions for her minor child. Therefore, if the minor mother is not making a decision in the best interest of the child, this would be an area to utilize the EMS Act noted above, an MCEP, or law enforcement if necessary.
  - An exception is children 14-18 years of age who have been sexually assaulted. These patients can consent for treatment and can request parents not be contacted.

Notes: When dealing with the emancipation issues, document statements made by the parties involved when the appropriate documentation (marriage certificate, court order, etc.) is not readily available. Remember to error on the side of patient care.

MCB Action	Passed 12/20/06	Implemented 04/01/07	Revised	Revision #	Implemented

TT-15 EMTALA Risk

Designation of condition: To minimize EMTALA risk to hospitals by EMS transport units.

ALL PROVIDERS

- It is expected that all hospitals will adhere to current status that is reflected in the EMSystem window for ED and inpatient statuses.
- When circumstances arise and an EMS transport unit is on a hospital's property, the EMS unit will not divert to another hospital.
- If you get a divert order from the facility and you are on their property, you will advise the facility that you are on their property and will not be diverting.
- Upon arrival, advise the staff of the EMTALA risk and tell them that an internal quality assurance will be generated and will be reviewed by the medical director.
- Radio reports will be done as early as possible during transport to minimize EMTALA risk.

MCB Action	Passed 02/21/01	Implemented 04/01/01	Revised	Revision #	Implemented

TT-16 Patient Care Responsibilities

ALL PROVIDERS

- The first on duty paramedic to arrive on scene will assume charge of, and direct patient care.
- All subsequent pre-hospital providers will take direction from that person by receiving a verbal report from the on-scene provider and at the paramedic's direction assisting with further patient care.
- In the event ambulance personnel and fire personnel arrive on scene simultaneously, the fire department paramedic will assume charge of patient care until the patient is transferred to the transport ambulance.
- Patient care responsibility reverts to the ambulance service paramedic once the patient has been moved into the ambulance, regardless of whether another service paramedic accompanies the patient to the hospital. The transporting service should transport the patient to their hospital of choice (or, if no preference, the nearest hospital) appropriate to medical needs and protocols.
- If in the judgment of any of the paramedics on scene, patient care requires additional support, fire department personnel will accompany the patient to the hospital in the ambulance.

MCB Action	Passed 04/20/94	Implemented 06/01/94	Revised 09/20/00	Revision # 2	Implemented 01/01/01

unnecessary, the fire department unit may cancel at their discretion. Transport will not be delayed in order for BLS or ALS reassessment, information gathering and/or report writing if the patient is loaded and ready for transport.

14. If in the judgment of any paramedics on the scene, patient care requires additional support, other agency personnel may accompany the patient to the hospital in the transporting unit.
15. The ALS transport provider will accept cancellations from all fire/rescue agencies. It is appropriate for on scene agencies to downgrade responding units when emergency response is not medically necessary. If fire/rescue personnel are informed by the transport medic that no assistance is required the fire/rescue units may cancel, without further intervention or assessment as appropriate.
16. The Bernalillo County EMS system follows the Incident Command System structure. Be familiar with the ICS and be able to execute it when called for. A good example of this would be any scene where hazards such as fire, fluids, power lines, etc. exist. In these situations, the incident commander is in charge of all personnel to ensure that only properly protected and/or trained responders will be in the "hot" zones. Fire Department IC will direct all responding EMS personnel to an appropriate staging area for duty assignments.

MCB	Passed	Implemented	Revised	Revision #	Implemented
Action	09/10/01	10/01/01	01/20/15	1	04/01/15

MISC-5 "No Protocol" Protocol

Designation of Condition

Anyone requesting emergency medical care will receive appropriate assessment, care, treatment, and transportation in accordance with the individual's condition, chief complaint and Bernalillo County protocol. It is understood however that no set of protocols could ever be "all inclusive." At times, EMS providers will be faced with situations that cannot be categorized into an existing Bernalillo County protocol, or no protocol exists addressing the situation.

ALL PROVIDERS

- The provider on scene may consider all allowable treatment options within the Bernalillo County protocols and the New Mexico Scope of Practice.
- An MCEP will be contacted for treatment guidelines and to discuss appropriate management options; in particular if the on scene provider believes that such interventions are necessary and in the best interests of the patient.
- The provider must inform that MCEP that no protocol exists to cover this particular situation, and the MCEP will then advise the provider as to how to proceed with the treatment of that patient.
- All patient interaction, to include MCEP contact, care, treatment, transport or refusal of transport will be documented accurately and in its entirety.
- The appropriate agency QA process will be initiated as needed.

MCB Action	Passed 04/16/06	Implemented 10/01/06	Revised 08/21/13	Revision # 1	Implemented 10/01/13