

## CMG 33 – BEHAVIOURAL AND PSYCHIATRIC EMERGENCIES

(Revised: December 2018)



There are three main aetiological groups implicated in behavioural emergencies. They are:

- **medical disorders**, usually associated with delirium (e.g. hypoxia, hypoglycaemia, post-ictal state, head injury etc.)
- **substance intoxication or withdrawal**, with or without delirium
- **psychiatric disorders** (e.g. schizophrenia, mania, depression, personality disorder, etc.)

History should be sought from all appropriate sources to help guide treatment regime.

ICP	If concerned about your safety or the safety of others, call for police assistance	AP
ICP	Identify yourself clearly, including your role	AP
ICP	Consider / exclude / treat potentially reversible (medical) causes of altered behaviour, as above	AP
ICP	Be reassuring, empathetic and non-judgemental when conversing with the patient. Speak quietly – do not shout	AP
ICP	Listen actively, and adopt non-aggressive body language	AP
ICP	Protect the patient's privacy and dignity wherever possible	AP
ICP	Do not leave the patient alone	AP
ICP	If concerned about suicide or risk of serious harm (to patient them self, or to others), consider Emergency Apprehension (refer to additional guidance on Emergency Apprehension)	AP
ICP	Consider use of CMG 37 – management of combative or agitated patients	AP
ICP	Consider patient's usual support services (e.g. community mental health services)	AP