Management of Overseas Psychiatric Emergencies

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Overview

- Models of care: ER Psychiatry vs. Crisis Intervention
- Treatment and medico-legal issues
- Aeromedical evacuation
- Case examples
- Questions?

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Foreign Service Life

- Terrorism
- Frequent moves
- Change of school
- Lack of spousal employment
- Excessive travel
- Environmental
- Loss of control
- Fishbowl phenomenon
- Work Stress
- Inadequate resources
- Family issues
- Lack of support system
- Crime
- War-zone deployments

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A Typical Embassy

State Dept.    CDC
DAO          NASA
AID          DoD
FBI          Peace Corps
DEA          DOE
DHS          DOJ
FAS          Treasury
FCS          Other agencies
FAA

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Mental Health Program

- Culture shock
- Stress management
- School consultation
- Management consultation
- Travel medicine
- Occupational health
- Medical diplomacy
- Disaster response
- General psychiatry
- Security/forensic issues
- Emergency Response
- Family advocacy
- Crime
- War Zone issues

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Examples of Psychiatric Emergencies

- Suicide threat/attempt
- Acute psychotic agitation
- Violence
- Severe anxiety
- Victimization
- Family Advocacy
- Delirium

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Emergency Psychiatric Assessment

- R/O serious medical conditions
- Risk: danger to self/others, or risk of dangerous deterioration if untreated
- Crisis intervention
- Consultation
- Diagnosis; treatment; aeromedical evacuation; hospitalization
- Documentation; medico-legal issues

Crisis Intervention

- Crisis: response to severe stress; disruption of one’s psyche and its equilibrium
- Crisis intervention: mobilize adaptive resources; emphasis on coping and recovery; change and growth
- Utilization of HU, family, peer, and community supportive interventions
- Psychotherapeutic model: supportive; ‘here & now’; direct, active
- Duration is typically brief (weeks)
Medical Conditions as Psychiatric Emergencies

- Medications: toxicity; drug interactions
- Drug/ETOH intoxication & withdrawal states
- Endocrine; Metabolic
- Infectious (encephalitis; meningitis; HIV)
- Cardiac; Pulmonary
- Neurologic (CVA; TBI; dementia; seizures; tumors; DCS; AGE)
Triage/Assessment

- Vital Signs
- ABCs
- Pulse Oximetry
- Labs; 12-lead EKG; CXR
- Medications; IV hydration; calories
- Neuroimaging
- Medical/psychiatric consultation

Management of Suicidality/Violence

- Psychiatric consultation
- Take all threats/attempts seriously
- Treat underlying medical/psychiatric illnesses
- Consider medical evacuation or inpt. care; treat-in-place?
- 1:1 observation where indicated
- Risk assessment; elopement risk
Treatment of psychotic agitation

- RX endpoint: “calm wakefulness”; sedation; diminished arousal state
- *Rapid Tranquilization* (PO or IM, q30 min *prn*):
  - Lorazepam 2mg & Haloperidol 5mg;
  - Lorazepam 2mg; Haloperidol 5-10mg
- Newer agents: Olanzapine; Risperidone; Ziprasidone
- EPS: Benztropine 2mg; Diphenhydramine 25mg
- NMS: 0.5-1.4% risk; mortality = 40%

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Medico-legal Issues

- Documentation; consultation with MHS
- Aeromedical evacuation?
- Confidentiality; HIPAA; Tarasoff
- Medical clearance: return to post?

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Aeromedical Evacuation

- Consultation (medical; psychiatric)
- Cabin conditions: crowding; relative hypoxia; airport transfers; elopement risk; dehydration
- Seclusion; restraint; safety; liability
- Medical escort? Air ambulance?
- Medical clearance to fly
- On-board medical kits
- Which medications available?

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Air Rage; Passenger Misconduct

- Incidence: 10000/year in 2000 in US; 3-15% are psychiatric; approx. 33 medical incidents/day
- Causes: psych disorders; ETOH/drugs; personality disorders; stress/crowding; hypoxia
- Liability; Good Samaritan laws vary
- 1963 Tokyo Convention
- Restraint; seclusion; diversion
- 10% of diversions are caused by neurologic sx

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USG population in 2 regions (unpublished data by RMOPs)

- 50% employees; 50% EFMs
- 6% med-evac for psych disorders; 3% curtailed
- ADHD: nearly 50% of all children seen by RMOP
- Psychotic disorders: < 1%
- Anxiety disorders: 7-9%
- Mood disorders: 20-30%
- Substance-abuse disorders: 2-4%
- Adjustment disorders: 6-10%
- No psychiatric diagnosis or V Code: 30-52%

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Cases

1. Young female, G1P1, with new-onset post-partum psychosis
2. Adolescent male with 1st-break psychosis
3. Young female with psychotic agitation
4. Middle-age female with history of suicidality, recurrent depression, borderline PD, and alcohol dependence

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Questions?

References

- Zoya Simakhodskaya et al., *Innovative Use of Crisis Intervention Services with Psychiatric Emergency Room Patients, Primary Psychiatry* 2009;16(9):60-65


References: Air Rage

- JI Sirven et al., *Is there a neurologist on this flight?*, Neurology 2002 June 25; 58 (12):1739-44

