Psychiatric First Aid in An Emergency

Here are ten points which have been of value as psychiatric first aids and are worth remembering in an emergency situation with an unruly patient :

1. **Define your role, and personalize it : For example, "I am a nurse, Miss Brown."**
2. **Define your function as a helper : "I am here because your friend sent for help. I am here to help you."**
3. **Define your personal interest in the patient : "What is your name ?" Then keep using it.**
4. **Define the problem, even superficially : "You are in danger. You are disturbing others." Although obvious, this is important when the person is confused and upset, and it may help him to re-establish lost contact with reality.**
5. **Express your concern with his feelings and his view of the situation : "Why are you so angry ? What is so insoluble that you want to die ? "What is upsetting you ?"**
6. **Try quiet persuation ; "Just wait a while and try to get your control back." Most people recognize and respond to a desire to help.**
7. **Resist your own impulse to "take over :" Cool it. The cardinal principle is to evaluate what is going on first, then be active. This allows for greater efficiency and fewer regrets.**
8. **Recognize limitations. Points 1 through 6 may be ineffectual on trial. Then and then only go on to point 9.**
9. **Help the patient with outside controls :**
   - (*a*) **Direct verbal command : "Stop the screaming." This is sometimes enough.**
   - (*b*) **Verbal threat : "If you don't come quietly, we will have to force you to come to the ambulance." "If you cannot control yourself, we will have to use restraints."**
   - (*c*) **Direct physical supervision : With an agitated patient, have a high index of suspicion for such requests as bathroom privileges where pills and razor blades are a hazard. Stay with the patient. If female, get a female aide or relative to go into the toilet or bedroom, too.**
   - (*d*) **Direct physical overpowering : Here, relatives and bystanders may hinder rather than help, and they may need to be dealt with first or simultaneously. Being helped by a stronger person now in control may relieve and reassure the patient enough to quiet him down completely.**
   - (*e*) **Mechanical restraints : Wristlets, blanket wrapping, and leather restraints may be indicated if the patient is still unruly.**
   - (*f*) **Chemical restraints : Drugs may be available if a doctor is or was on the scene.**
   - (*g*) **Legal restraints : Check your commitment papers carefully if you have these. If not, the relative may have to substitute temporarily an acute hospital emergency room for a state or mental hospital if the patient cannot go as a voluntary admission. Although this is not your responsibility, relatives will frequently turn to you for help or advice.**
10. **Tell the patient after he has been controlled, what your plans now are : "I am taking you to hospital for your own protection and interests (or on request of a relative)." One accompanying relative with the patient is usually helpful, too, and reassuring. Others may follow the ambulance in their own car. In the hospital too, tell the patient. "When you calm down and feel comfortable enough to be up, we will remove the restraints."**

DOMEENA C. RENSHAW, M. D., assistant Chairman of psychiatry, Loyola University Hospital, Maywood, III.

(*Courtesy : American Journal of Nursing*)

Recent Developments—*(Contd. from p. 272)*

Among the wide range of services the local chapters can provide are diagnostic services for early detection and correction, advisory or counselling services, special studies and legislation.

Rehabilitation forms an important part of the work of the local chapter. These may be through vocational guidance, training and assistance in finding jobs. Welfare assistance include providing friendship and company during convalescence, follow up care, clubs for ex-patients and other recreational facilities.

Domiciliary care, visits by welfare and social workers, family assistance service are also important. Specially trained nurses are detailed to keep in touch with patients in order to help them in physical care and continued medication.

BIBLIOGRAPHY

1. Comprehensive text book of psychiatry by Alfred M. Freedman and Harold Kaplan.
2. Modern perspective in world psychiatry by Howells.
3. Principles of preventive psychiatry by Gerald Caplan.
4. Nursing Times.
5. Perspective in Psychiatric Care.
6. American Journal of Psychiatry.
7. American Nursing Journal.
8. Canada's Mental Health.