

**Postgraduate  
Medicine**

# A SPECIAL REPORT

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THE EXPERT CONSENSUS GUIDELINE SERIES

## TREATMENT OF BEHAVIORAL EMERGENCIES

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# A SPECIAL REPORT

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# Continuing Medical Education Request Form

## *Expert Consensus Guideline Series:* Treatment of Behavioral Emergencies

**Needs Statement:** The need for guidelines and associated educational materials that address the management of behavioral emergencies is derived from several sources. Managing behavioral emergencies is complex. In the absence of agreed-upon standards of care, increasing regulatory requirements have impelled hospitals and clinics to establish “home-grown” policies for the management of behavioral emergencies. Regulatory agencies are now requiring hospitals and other clinical services to provide structured staff training in the management of behavioral emergencies and the documentation of adherence to pertinent policies and procedures. Guidelines in emergency settings are needed, as they are a very active venue for training and education. Prior protocols have neglected the patient’s perspective and a focus on specific diagnostic treatments. Little attention has been paid to developing treatment regimens that would be more specific and appropriate for the underlying cause of the behavioral emergency and lead, as a result, to a more rapid resolution of the problem underlying the behavioral emergency.

**Learning Objectives:** After completing this activity, participants should be able to:

- Understand the general regulatory issues relevant to the use of restraint and seclusion
- Describe the potential impact of involuntary restraint on the long-term outcome of treatment for patients who experience an acute episode
- Apply the expert consensus guidelines, which are based on a systematic survey of expert opinion, to, whenever possible, target the treatment plans to the specific patient’s needs rather than applying a “blanket regimen.”

This program has been certified for physicians, nurses, and pharmacists. It was planned and produced in accordance with the ACCME Essentials and Standards for enduring materials (release date: May 2001; expiration date: April 30, 2002). To obtain CME credit, please complete this form, remove from booklet, and then return it along with the post-test to: Annenberg Center, 39000 Bob Hope Drive, Rancho Mirage, CA 92270, attention ACHS #1549.

**YOUR CERTIFICATE FOR CONTINUING EDUCATION CREDIT (IF APPLICABLE) WILL BE ISSUED FROM THE FOLLOWING INFORMATION:**

(please print clearly) Today’s Date \_\_\_\_\_

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**PROGRAM EVALUATION** (check appropriate box)

|  | High | Avg. | Low |
|--|------|------|-----|
| Overall, how would you rate this program?  |      |      |     |
| Please evaluate the educational level of this CME program.                                   |      |      |     |
| The learning objectives for this activity were met.  |      |      |     |
| Based on content, how effective was the program in meeting your expectations and objectives? |      |      |     |
| Evaluate how relevant this information is to your practice.                                  |      |      |     |
| How likely are you to use the information presented here in your practice?                   |      |      |     |
| The subject matter was presented objectively and with fair balance.                          |      |      |     |

# CME POST-TEST

## *The Expert Consensus Guideline Series*

### Treatment of Behavioral Emergencies

1. Patients should be given the opportunity to take medications orally if at all possible.
  - A. True
  - B. False
2. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has issued no regulations regarding the use of restraint and seclusions.
  - A. True
  - B. False
3. The recommendations found in the *Expert Consensus Guidelines on Treatment of Behavioral Emergencies* are based on:
  - A. The scientific literature
  - B. The results of a systematic survey of experts in the area of emergency psychiatry
  - C. Both A & B
5. Most of the experts reported that they use structured rating scales in their documentation of the need for emergency intervention.
  - A. True
  - B. False
6. The experts saw little place for a “show of force” in the treatment of a behavioral emergency.
  - A. True
  - B. False
7. According to the *Expert Consensus Guidelines on Treatment of Behavioral Emergencies*, the use of restraints is appropriate when other, less restrictive approaches are ineffective.
  - A. True
  - B. False
8. The experts recommended that orders for restraint should have a duration of 6 hours.
  - A. True
  - B. False
9. According to the *Expert Consensus Guidelines on Treatment of Behavioral Emergencies*, because behavioral emergencies can have a wide range of etiologies, it is better to address them uniformly with a single, blanket treatment regimen.
  - A. True
  - B. False
10. For children, the experts recommend avoiding medications at all cost.
  - A. True
  - B. False
11. The recommendations made in the *Expert Consensus Guidelines on Treatment of Behavioral Emergencies* should be viewed as an expert consultation and weighted in conjunction with other information about the individual clinical situation.
  - A. True
  - B. False

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