Police interface with the ED
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Police presence in the ED

- Reasons
  - Investigative
    - MVA
      - Every MVC is a potential crime scene
      - Need to interview pt/family/passengers etc
      - In many cases will obtain bodily fluid/blood for testing
        - This is INDEPENDENT of our testing
      - You are the PATIENTS ADVOCATE
    - Assault/domestic violence
      - Sexual
        - Chain of evidence
        - Need experience to perform exam correctly
        - LONG PROCESS
        - SART team
          - Lately insisting pt goes to St marys ACC
      - Police role
        - Investigate and File report
        - up to Pt to press charges
      - Our role
        - Mandatory Reporting
    - Child Abuse
      - CPS AND POLICE
        - Usually CPS calls police
      - Police must interview as well
        - Must be police from the jurisdiction where the abuse occurred
      - Document everything including quoting pt/parents and it must be clear it is a part of MEDICALLY evaluating the child
  - Prisoner evaluation
    - Gamut of Medical/Trauma Complaints
    - Treat same as any other pt
  - Transportation
    - Intoxicated or psychotic
  - Security
- ***Competence***
  - a legal state, not a medical one
  - refers to the degree of mental soundness necessary to make decisions about a specific issue or to carry out a specific act
  - All adults are presumed to be competent unless adjudicated otherwise by a court.
- ***Capacity***
  - an individual's ability to make an informed decision
  - Any licensed physician may make a determination of capacity

Violence in the ED

- Organic cause
  - Medical/traumatic disorder
    - Intoxication/withdrawl most common
    - **Risk factors per the APA**
      - **older than 40 years of age with no previous psychiatric history; disorientation, lethargy, or stupor; abnormal vital signs; visual hallucinations; or illusions**

- Functional Cause
  - Psych
    - Schizophrenia most common
- most obvious predictor of potential violence is the patient's history
- Prodrome to Violence
  - Anxiety
  - Defensiveness
  - Physical Aggression
- Predicting Violence with STAMP
  - STaring
  - Anxiety
  - Mumbling
  - Pacing
- Avert Violence with AID
  - Attend
  - Inform
  - Defend

Restraint and Seclusion

- Behavioral Health Care Restraint and Seclusion Standards
  - licensed independent practitioners can order restraints
  - LIP must perform a face-to-face evaluation within 1 h of restraint use
  - written order must be obtained
  - limited to 1 h for children younger than age 9
  - 2 h for individuals aged 9 to 17 years
  - 4 h for individuals aged 18 and older
- Attempt to talk down
- Discuss options and concequences
- Show force
- Numbers and uniforms
- Assign one person to each limb ahead of time
- Safety is key factor
- Have separate person/people apply restraints

Chemical restraints (Haldol and ativan probably best choice)

- Haloperidol
  - 5 mg IM adult
  - **2 mg IM in elderly**
  - 0.025 to 0.075 mg/kg/dose in peds
    - maximum of 2.5 mg
    - Children >12 years of age can receive an adult dose
- Lorazepam
  - 1-2 mg IM adult
  - 0.05 to 0.1 mg/kg/dose peds
- Zyprexa ODT
  - 10-20 mg po
- Droperidol
  - 2.5 mg IM
- Ziprasidone (geodon)
  - 10-20 mg IM