



# "Plan Ahead": Recognition and Actions Dealing With Psychiatric Emergencies in the Radiology Department

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## BACKGROUND

Studies show that healthcare providers are ordering imaging more than ever, putting the radiology department in the unique position of interacting with the majority of patients who come through the emergency department - including those who are acutely mentally ill.

However, there is little infrastructure and training within the radiology department to ensure the safety of staff and patients during psychiatric emergencies. Additionally, imaging modalities such as MRI can trigger severe claustrophobia, anxiety, and even acute psychotic episodes in vulnerable individuals.

This can be very dangerous to patients and staff in the radiology department because imaging rooms often have heavy doors preventing easy exit and equipment that can cause serious, or even fatal, injuries.

## PURPOSE

- Explain how radiology staff can identify key warning signs of an impending psychiatric emergency
- Discuss how radiology staff can safely manage psychiatric emergencies

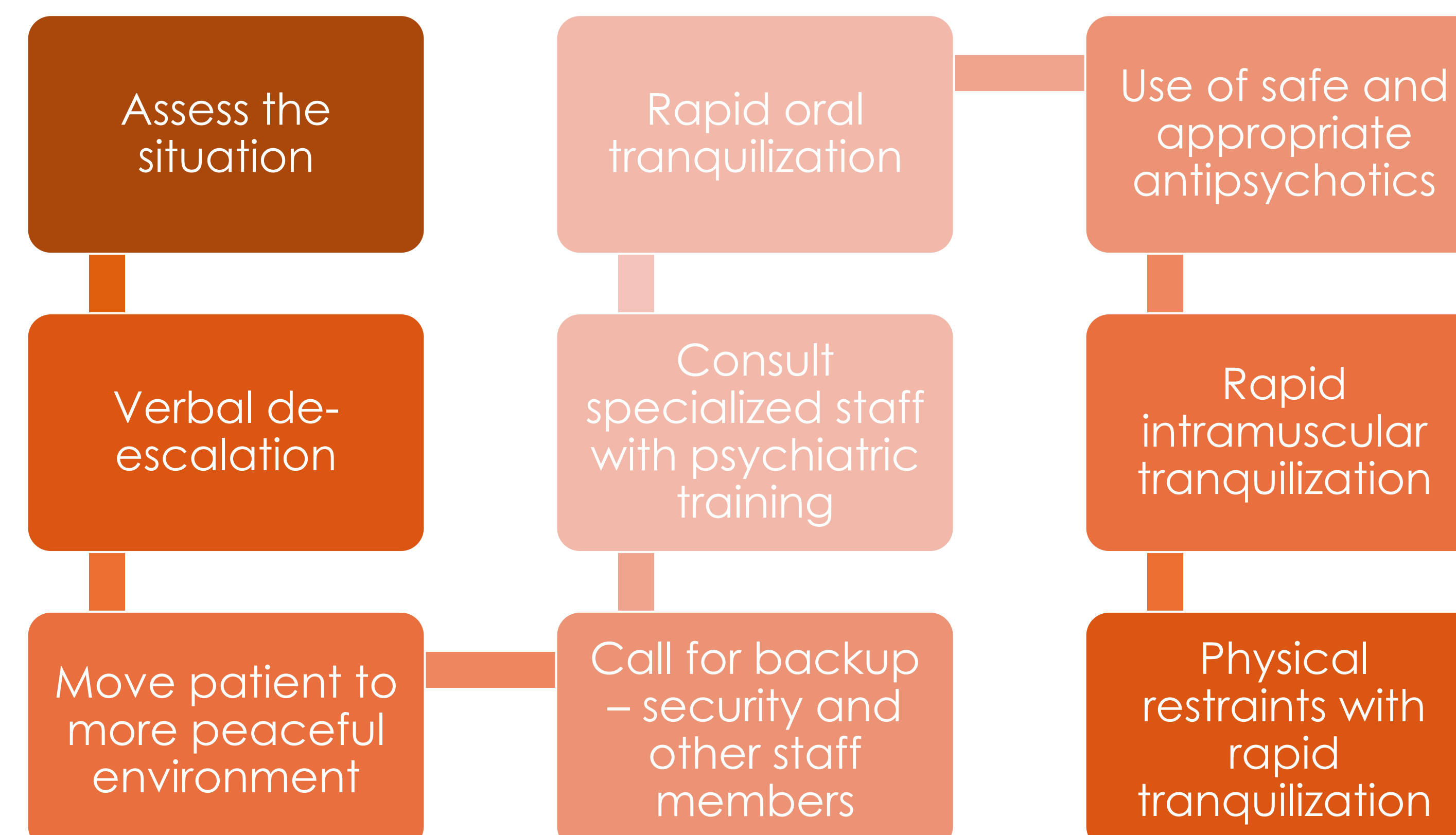
## METHODS

We reviewed the literature to identify a comprehensive list of strategies used by other medical departments during psychiatric emergencies to ensure safety for staff and patients. We also applied these strategies to unique challenges facing the radiology department.

## RESULTS



## Management of Psychomotor Agitation in Public Healthcare Settings



## RESULTS CONTINUED

**Brief chart review before bringing patient into the room:** Many electronic health records display violence warnings when opening the chart of a patient who has documented history of displaying violent behavior in healthcare settings. Quickly skimming the patient's medical history in the prior notes can also clue in radiology staff into whether or not a patient may be potentially violent.

**Training staff in basic psychological first aid:** Psychological first aid will aid staff in safe communication including deescalating dialogue to better orient distressed patients and also teach staff when to identify and safely exit potentially harmful situations.

**Creating a safe environment to minimize potential harm:** Help staff identify clear entry and exit pathways. Remove any objects that may be used by a patient to harm staff.

**Minimizing potentially triggering stimuli:** Ensure comfortable temperature in the room. Remove any flashing or colorful stimuli that may trigger susceptible patients. Minimize wait times if possible.

**Caring for healthcare providers' mental state:** Staff cannot safely identify and navigate psychiatric emergencies if they are not supported by the administration. The mental health of staff is imperative to the safety for patients and everyone else involved.

## CONCLUSIONS

It is very important that radiology departments start taking psychiatric emergencies seriously because more and more patients are being imaged every day, including those with unknown psychiatric histories presenting to radiology and individuals vulnerable to anxiety and claustrophobia. There is much that the radiology department can learn from other departments in the hospital in safely detecting and managing psychiatric emergencies.

## REFERENCES

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