PSYCHIATRIC EMERGENCIES

Psychiatric emergencies require immediate and skilled intervention to manage acute mental health crises and ensure the safety of both patients and healthcare providers. Effective assessment and de-escalation are critical, involving tools and techniques designed to evaluate mental status, assess risks, and communicate empathetically. By using established assessment tools and communication protocols, healthcare providers can navigate these critical moments with empathy and precision, aiming to support patient well-being and minimize potential harm.

1. MMSE (Mini-Mental State Examination)
2. SAVE mnemonic for verbal de-escalation
3. Capacity Assessment
4. SADPERSONS scoring
5. Broset violence checklist
6. SPIKES protocol

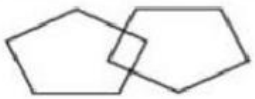
MMSE (Mini-Mental State Examination)

A brief 30-point questionnaire used to screen for cognitive impairment. It is commonly used to assess mental status in various settings, including emergency departments, to evaluate memory, attention, language, and visuospatial skills.

Mini-Mental State Examination (MMSE)

Patient's Name: _____ Date: _____

Instructions: Score one point for each correct response within each question or activity.

Maximum Score	Patient's Score	Questions
5		"What is the year? Season? Date? Day? Month?"
5		"Where are we now? State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then the instructor asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible.
5		"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65, ...) Alternative: "Spell WORLD backwards." (D-L-R-O-W)
3		"Earlier I told you the names of three things. Can you tell me what those were?"
2		Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1		"Repeat the phrase: 'No ifs, ands, or buts.'"
3		"Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1		"Please read this and do what it says." (Written instruction is "Close your eyes.")
1		"Make up and write a sentence about anything." (This sentence must contain a noun and a verb.)
1		"Please copy this picture." (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.) 
30		TOTAL

SAVE mnemonic for verbal de-escalation

A tool to guide effective verbal de-escalation techniques during a behavioral emergency.

Components:

- **S**upport: “Let’s work together…”
- **A**cknowledge: “I see this has been hard for you.”
- **V**alidate: “I’d probably be reacting the same way if I was in your shoes.”
- **E**motion naming: “You seem upset.”

Capacity Assessment

Determines an individual's ability to make informed decisions about their own care and treatment.

Components:

a. **Understanding** - able to receive the information (verbal or text)
b. **Appreciation** – able to retain the information so that a choice can be made
c. **Reasoning** – able to process the information themselves
d. **Expression** of a choice – able to express their choice (verbal , writing or signs)

A suicide risk assessment tool used to identify individuals at higher risk of suicide.

SAD PERSONS Assessment Scale	
Factor	Points
Sex (male)	1
Age < 19 or > 45	1
Depression or hopelessness	1
Previous suicide attempts or psychiatric hospitalization	1
Excessive alcohol or drug use	1
Rational thinking loss	2
Single, divorced, or widowed	1
Organized or serious suicide attempt	2
No social support	1
Stated future intent	2

Scoring:
< 6 = Outpatient management
6-9 = Emergency psychiatric evaluation
> 9 = Inpatient hospitalization

Broset violence checklist

A tool to predict the likelihood of violent behavior in patients over the next 24 hours.

Interpretation of scoring:

Score = 0 The risk of violence is small.

Score = 1-2 The risk of violence is moderate. Preventive measures should be taken.

Score = >2 The risk of violence is very high. Preventive measures should be taken. In addition, plans should be developed to manage the potential violence.

Operationalisation of behaviours/items:

Confused	Appears obviously confused and disoriented. May be unaware of the time, place or person.
Irritable	Easily annoyed or angered. Unable to tolerate the presence of others.
Boisterous	Behaviour is overtly "loud" or noisy. For example, slams doors, shouts out when talking, etc.
Verbally threatening	A verbal outburst which is more than just a raised voice; and where there is a definite intent to intimidate or threaten another person. For example, verbal attacks, abuse, name-calling, verbally neutral comments uttered in a snarling aggressive manner.
Physically threatening	Where there is a definite intent to physically threaten another person. For example, the taking of an aggressive stance; the grabbing of another persons clothing; the raising of an arm, leg, making of a fist or modeling of a head-butt directed at another.
Attacking objects	An attack directed at an object and not an individual. For example, the indiscriminate throwing of an object; banging or smashing windows; kicking, banging or head-butting an object, or the smashing of furniture.

	Monday / /			**Tuesday / /**			**Wednesday / /**			**Thursday / /**			**Friday / /**			**Saturday / /**			**Sunday / /**		
	Night	**Day**	**Eve**	**Night**	**Day**	**Eve**	**Night**	**Day**	**Eve**	**Night**	**Day**	**Eve**	**Night**	**Day**	**Eve**	**Night**	**Day**	**Eve**	**Night**	**Day**	**Eve**
Confused																					
Irritable																					
Boisterous																					
Verbal threats																					
Physical threats																					
Attacking objects																					
SUM																					
INTERVENTIONS																					

SPIKES protocol

A structured, six-step approach used to deliver difficult news in a compassionate and clear manner. The protocol provides a framework to help healthcare providers navigate sensitive conversations, ensuring that patients and their families receive information in a way that respects their emotional and psychological needs