

Psychiatric Emergencies in Oncology Ambulatory Care Settings

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Psychiatric emergencies may occur in the oncology ambulatory care setting as a result of psychiatric disorders among patients with cancer. Preparedness, assessment, management, and debriefing of psychiatric emergencies can ensure successful outcomes. The nurse has a role in all phases of a patient's psychiatric emergency.

AT A GLANCE

- Patient agitation, with risk of harm to self or others, is the common clinical presentation of a psychiatric emergency.
- As members of the healthcare team, nurses can intervene quickly to ensure the safety of the patient and others.
- Debriefing of the psychiatric emergency with the healthcare team and others provides insight for management of future events.

KEYWORDS

psychiatric disorders; psychiatric care; suicide; depression; anxiety

DIGITAL OBJECT IDENTIFIER

10.1188/22.CJON.438-442

Psychiatric disorders affect 35%–47% of patients with cancer during the disease trajectory (Caruso & Breitbart, 2020; İzci et al., 2016). The most common psychiatric diagnoses in patients with cancer are depression, anxiety, and adjustment disorders (Caruso et al., 2017). Although cancer can cause emotional, psychological, and behavioral reactions, underlying medical conditions and treatment-related factors may also affect mental health (see Figure 1). In addition, the disease stage may be a risk factor for psychological disorders, and individuals with a history of substance misuse or major psychotic illness are at greater risk for depression and psychotic distress (Caruso & Breitbart, 2020; Wheat et al., 2016).

The goal of care is to effectively screen and treat psychiatric disorders to avoid escalation to a psychiatric emergency. Psychiatric emergencies are acute changes in thought processes and behaviors that potentially impair an individual's ability to function in their environment. Patients are in a state of crisis when their baseline coping mechanisms are overwhelmed by real or perceived circumstances (Lommel et al., 2017). Psychiatric emergencies require immediate intervention.

Psychiatric emergencies are generally categorized as (a) acute psychosis and mania, (b) suicidal behavior and depression, and (c) aggression and homicidal tendencies (Wheat et al., 2016). Agitation, with risk of harm to self or others, is the primary indication of a psychiatric emergency (Murtaza et al., 2018). Thus, it is important to assess the potential problem early to determine if the patient is at risk of harming themselves or others. Failure to implement a safety protocol to identify and quickly manage psychiatric emergencies is problematic and potentially dangerous for patients and caregivers. The purpose of this article is to describe the clinical presentation, treatment, and nursing implications of common psychiatric emergencies to ensure patients are evaluated and treated appropriately.

Clinical Presentation and Treatment

Clinical presentation of acute psychosis and mania include bizarre and exaggerated behaviors; strange, disorganized, and paranoid thinking; and intense or inappropriate emotional expression (Wheat et al., 2016). The cause of these symptoms may be related to a psychiatric disorder, medications, or a medical condition such as delirium, infection, metabolic or endocrine disorders, substance misuse or withdrawal, and central nervous system disorders. Physical and neurologic examinations are needed to determine the cause of