VIOLENT PATIENT / CHEMICAL SEDATION / TASER BARB REMOVAL

ALL PROVIDERS

- ❑ **Scene management**
  - Contact Law Enforcement if the patient is determined to be a threat to EMS providers, themselves, or others or if assistance with patient control is otherwise needed.
  - Remove patient from the stressful environment and remove any possible weapons from scene.
  - Before touching any patient that has been Taser'd, ensure law enforcement has disconnected the wires from the hand-held unit.
- ❑ Focused history and physical exam
  - Blood glucose, temperature and oxygen saturation assessment.
  - Always assess for a possible medical condition, exposure or trauma including possible abuse.
  - Note medications/substances on scene that may contribute to the agitation, or may be for treatment of a relevant medical condition
- ❑ Cardiac monitor, ETCO2, and pulse oximetry monitoring, when available
- ❑ **Treatment Plan**
  - **Taser'd patient:** Removal of Taser probes
    - EMS providers may remove probes that are not embedded in the face, neck, groin, breast, or spinal area.
    - To remove probes:
      - Place one hand on the patient in the area where the probe is embedded and stabilize the skin surrounding the puncture site. Place other hand firmly around the probe.
      - In one fluid motion, pull the probe straight out from the puncture site and repeat procedure with second probe.
      - The following patients should be transported to an Emergency Department for evaluation:
        - Patient with probes embedded in the face, neck, groin, breast, or spinal area
        - Patient with significant cardiac history
        - Patient having ingested stimulants (including methamphetamines, phencyclidine/PCP, cocaine, spice, bath salts, designer drugs, etc).
        - Patients exhibiting bizarre behavior or those with abnormal vital signs
- ❑ **Key Considerations**
  - Chemical sedation should be considered for patients that cannot be calmed by non-pharmacologic methods and who are a danger to EMS providers, themselves, or others.
  - Selection of chemical restraint medications should be based upon the patient's clinical condition, current medications, and allergies. Consult OLMC when necessary to assist in the selection of medications in difficult cases.
  - Generally speaking, it is preferable to choose ONE drug for management of agitation and maximize dosing of that medication prior to adding another medication.
  - Consider a reduction in the initial dosage of chemical restraint medications if the patient has taken narcotics or alcohol (e.g. begin with 50% of the recommended initial dose to assess response).

The order in which medications below are listed is not intended to indicate hierarchy, order, or preference of administration

ADULT PEDIATRIC (<15 years of Age)

EMT

- ❑ Attempt to calm or gently restrain the patient with verbal reassurance. Engage the assistance of any family or significant others in the process.

AEMT

- ❑ Vascular access and fluid therapy
- ❑ **Midazolam**
  - **IV/IO – 5 mg,** may repeat once in 10 minutes, if needed. Total max dose: 10mg
  - **Intranasal (IN) – 5 mg,** may repeat once in 10 minutes to a max dose of 10mg
  - **Intramuscular (IM) – 10 mg** once
- ❑ **Diazepam**
  - **IV/IO – 5 mg** every 10 min to the desired effect or max dosage of 20 mg
  - **Intramuscular (IM) – 10 mg** once (IM not preferred, unless no other options)
- ❑ **Lorazepam**
  - **IV/IO – 2 mg** every 5 min. to the desired effect or max dose of 4 mg
  - **Intramuscular (IM) – 4 mg** once
- ✆ Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters.

PARAMEDIC

- ❑ **Ketamine**
  - **Intramuscular (IM) – 4 mg/kg** once (max 300 mg)
  - **IV/IO – 1 mg/kg** every 10 min to the desired effect (max dose 200 mg)
- ❑ **Haloperidol**
  - **Intramuscular (IM) - 5-10mg** once
  - **IV/IO – 2-5 mg** every 10 min to the desired effect (max dose 10 mg)
- ✆ Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters.

NOTE: Pediatric weight based dosing should not exceed Adult dosing.

EMT

- ❑ Attempt to calm or gently restrain the patient with verbal reassurance. Engage the assistance of any family or significant other's in the process.

AEMT

- ❑ Vascular access and fluid therapy
- ❑ **Midazolam**
  - **IV/IO - 0.1 mg/kg** (max 5 mg), may repeat once in 10 minutes, if needed. Total max dose: 10 mg
  - **IN/IM - 0.2 mg/kg (max** 5 mg), may repeat once in 10 minutes, if needed. Total max dose: 10 mg
- ❑ **Diazepam**
  - **IV/IO - 0.1 mg/kg** (max 5 mg), may repeat once in 10 minutes, if needed. Total max dose: 10 mg
  - **Intramuscular (IM) – 0.2 mg/kg** (max 10 mg) once (IM not preferred unless no other options)
- ❑ **Lorazepam**
  - **IV/IO – 0.05 mg/kg** (max 2 mg), may repeat once in 10 minutes, if needed. Total max dose: 4 mg
  - **Intramuscular (IM) – 0.05 mg/kg** (max 4 mg) once
- ✆ Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters.

PARAMEDIC

- ✆ Contact OLMC for consultation prior to giving ketamine or haloperidol to children
- ❑ **Ketamine**
  - **Intramuscular (IM) – 3 mg/kg** once (max 300 mg)
  - **IV/IO – 1 mg/kg** once (max dose 200 mg)
- ❑ **Haloperidol**
  - <6 years old – NOT recommended
  - 6-12 years old: **0.15 mg/kg IM (max 3 mg)** once
  - 12 years and older: **5-10mg IM** once

Trauma Patient Care Guidelines

These guidelines were created to provide direction for each level of certified provider in caring for trauma patients. All of these directions, dosages, and provisions are subject to change with later notice or revision of the guidelines. The OLMC physician will always be the final word on treatment in the field. If there are ever any