BEHAVIORAL EMERGENCIES (Formerly Agitated/Violent Patient/ Taser Barb removal) UPDATED 4/2024

ALL PROVIDERS

- ❑ **Scene management**
  - Contact Law Enforcement or Mobile Crisis Team, 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 the patient from the stressful environment and remove any possible weapons from the 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, and end-tidal CO2 monitoring for any sedated patient.
  - 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
- ❑ Mandatory cardiac monitoring, ETCO2, and pulse oximetry monitoring.
- ❑ **Treatment Indications**
  - Patients who are potentially harmful to themselves or others
  - Patients with other psychiatric complaints (hearing voices, paranoia, depression, anxiety disorders, substance abuse, detoxification needs, worsening chronic psychiatric problems, etc.)
  - Behavioral problems not meeting any of the above descriptions (marital or other interpersonal disputes, antisocial behavior, chronic dementia, etc.)
- ❑ **Disposition Options**
  - If a patient is believed to be at risk to themselves or others, and refuses transport, refer to law enforcement or a mobile crisis team to make application for commitment (pink sheet) prior to transport. Situations involving minors refer to legal guardian and/or law enforcement.
  - Law Enforcement or Mobile Crisis team will collaborate with EMS where to transport the patient and contact the receiving facility. The EMS crew will still make a transport notification call to the receiving facility as well.
  - After EMS Assessment, if no medical issues are found or care is refused by the patient, they may be released to local law enforcement or mental health care provider Use the appropriate release form.
  - May be released at the scene or to appropriate facility. Use your judgment and the assistance of Medical Control to make the appropriate decision.
  - Combative or aggressive patients should either be chemically restrained or physically restrained as defined in agency policy.

- ❑ **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 the 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.
  - Extreme caution, careful assessment and consultation with OLMC should be considered when sedating non-combative patients who are refusing transport.
  - 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.
  - 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 or those >65 years of age. (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

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

PARAMEDIC

★ ***Medications should be reduced by half if the patient is under the influence of drugs or alcohol.***

- ❑ **Midazolam**
  - **IV/IO –** 5 mg, may repeat once after 10 minutes, if needed. (**Max 10mg**)
  - **Intranasal (IN) –** 5 mg, may repeat once after 10 minutes. (**Max 10mg**)
  - **Intramuscular (IM) –** 10 mg **once**
- ❑ **Diazepam**
  - **IV/IO** – 5 mg every 10 min to the desired effect (**Max 20mg**)
  - **Intramuscular (IM)** – 10 mg **once** (IM not preferred, unless no other options)
- ❑ **Lorazepam**
  - **IV/IO –** 2 mg every 5 min. to the desired effect (**Max 4 mg**)
  - **Intramuscular (IM) –** 4 mg **once**
- ❑ **Ketamine**
  - Consider the size of the patient for dosing, ideal body weight (IBW) should be used
  - **Intramuscular (IM) – 4 mg/kg** once (**Max 400 mg**)
  - **IV/IO – 1 mg/kg** once
- ❑ **Haloperidol**
  - **Intramuscular (IM) - 5-10mg** once
  - **IV/IO – 2-5 mg** once

✆ Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters.

PEDIATRIC (<15 years of Age)

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 others in the process.

AEMT

- ❑ Vascular access and fluid therapy

PARAMEDIC

★ ***Medications should be reduced by half if the patient is under the influence of drugs or alcohol.***

- ❑ **Midazolam**
  - **IV/IO -** 0.1 mg/kg (**Max 5 mg/dose**), may repeat once after 10 minutes, if needed. **Total max dose: 10 mg**
  - **IN/IM -** 0.2 mg/kg (**Max 5 mg/dose**), may repeat once after 10 minutes, if needed. **Total max dose: 10 mg**
- ❑ **Diazepam**
  - **IV/IO -** 0.1 mg/kg (**Max 5 mg/dose**), may repeat once after 10 minutes, if needed. **Total max dose: 10 mg**
  - **Intramuscular (IM) –** 0.2 mg/kg (**Max 10 mg**) (IM not preferred unless no other options)
- ❑ **Lorazepam**
  - **IV/IO –** 0.05 mg/kg (**Max 2 mg/dose**), may repeat once after 10 minutes, if needed. **Total max 4mg**
  - **Intramuscular (IM) –** 0.05 mg/kg once (**Max 4 mg**)

✆ Contact OLMC for consultation prior to giving ketamine or haloperidol to pediatrics