

# BEHAVIORAL EMERGENCIES

**UPDATED 4/2025**

## 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 is required in all behavioral patients.**

### ☐ **Treatment Indications**

- Patients who are potentially harmful to themselves or others
- Patients with other psychiatric complaints
- Behavioral problems not meeting any of the above descriptions

### ☐ **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.
- After EMS Assessment, if no medical issues are found or care is refused by the patient, they may be released to law enforcement or mental health care provider
  - Use the appropriate release form.
- Combative or aggressive patients should either be chemically 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

#### PEDIATRIC

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.

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##### AEMT

- ☐ Vascular access and fluid therapy

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##### 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.

##### 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

