Severe Agitation (128)

Adults	Pediatrics *(13 years and under)*
Public Safety First Aid Procedures: Only	**Public Safety First Aid Procedures: Only**
• Ensure adequate law enforcement personnel at scene to safely manage patient. • Request fire and ALS ambulance early. • Attempt to limit contact with patient until ALS ambulance is on scene and ready to manage the patient. • 4 officers as a minimum are recommended for subdual while paramedic personnel sedate patient and restrain once sedation has taken effect.	• Ensure adequate law enforcement personnel at scene to safely manage patient. • Request fire and ALS ambulance early. • Attempt to limit contact with patient until ALS ambulance is on scene and ready to manage the patient. • 4 officers as a minimum are recommended for subdual while paramedic personnel sedate patient and restrain once sedation has taken effect.
BLS Procedures: EMT's and Paramedics start here	**BLS Procedures: EMT's and Paramedics start here**
• Request ALS. • Ensure law enforcement is enroute or at scene. • Attempt to limit contact with patient until ALS ambulance is on scene and ready to manage the patient. • 4 officers as a minimum are recommended for subdual while paramedic personnel prepare agitation control and has taken effect.	• Request ALS. • Ensure law enforcement is enroute or at scene. • Attempt to limit contact with patient until ALS ambulance is on scene and ready to manage the patient. • 4 officers as a minimum are recommended for subdual while paramedic personnel prepare agitation control and has taken effect.
ALS Prior to Base Hospital Contact: Paramedic only	**ALS Prior to Base Hospital Contact: Paramedic only**
• When law enforcement and paramedic has developed a plan and is ready, law enforcement will subdue the patient and apply appropriate restraint devices. • Law enforcement and paramedic should try to eliminate any pressure to the chest or neck while subduing the patient and avoid putting the patient in the prone position. • Administer Midazolam for agitation control 5mg IM/IN. After 5 minutes, may repeat an additional 5mg IM/IN • Rapid transport to closest appropriate facility with law enforcement in attendance.	• When law enforcement and paramedic has developed a plan and is ready, law enforcement will subdue the patient and apply appropriate restraint devices. • Law enforcement and paramedic should try to eliminate any pressure to the chest or neck while subduing the patient or putting the patient in the prone position. • Rapid transport to closest appropriate facility with law enforcement in attendance.
Base Hospital Contact Required	**Base Hospital Contact Required**
• Beyond initial dosing	• Administer Midazolam for agitation control 0.1mg/kg IM/IN.

128 EXCITED DELIRIUM

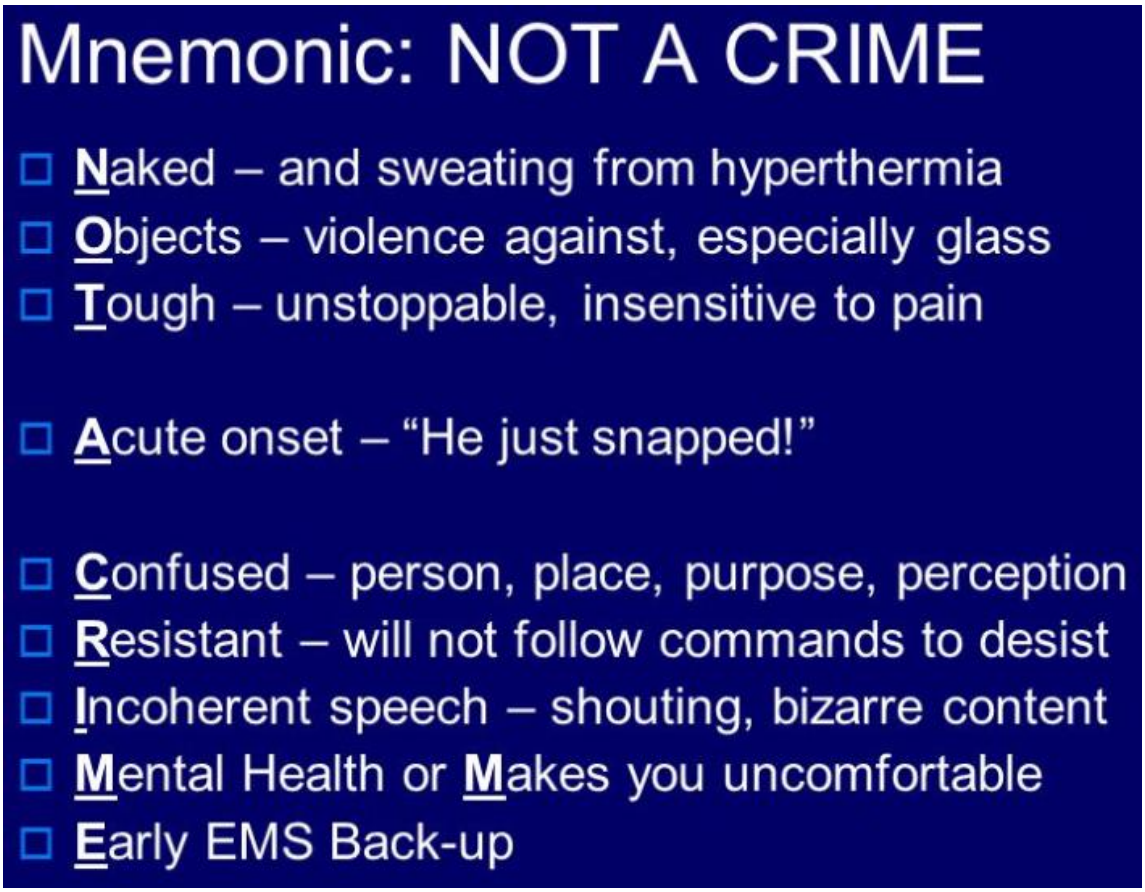
Severe Agitation (128)

Special Considerations

"Emergency medical services (EMS) personnel frequently care for agitated, combative, or violent patients, who require clinical treatment and transportation. These situations are often complicated by alcohol use, substance use, or mental health illness.

When clinical monitoring and treatment are indicated, these become health care issues. When such encounters occur, patients, the public, and all emergency responders are at risk for injury. Furthermore, excited delirium is associated with continued patient agitation or struggling, with or without physical restraint, and is associated with hyperthermia, hyperkalemia, rhabdomyolysis, and cardiac arrest. In these severely impaired patients, rapid pharmacologic management/ sedation may prevent these adverse and life-threatening conditions and maximize patient safety." -National Association of EMS Physicians

The Not A Crime Mnemonic shown below may be helpful in recognizing these patients.



Crush Injury/Syndrome (129)

Adults	Pediatrics *(13 years and under)*
Public Safety First Aid Procedures: Only	**Public Safety First Aid Procedures: Only**
• Assess ABC's • Administer oxygen as needed • Hold manual spinal motion restriction if indicated • Request fire/EMS	• Assess ABC's • Administer oxygen as needed • Hold manual spinal motion restriction if indicated • Request fire/EMS
BLS Procedures: EMT's and Paramedics start here	**BLS Procedures: EMT's and Paramedics start here**
• Assess ABC's • Administer oxygen as needed • Provide spinal motion restriction if indicated • Apply blanket to keep patient warm • For multi-system trauma, treat in conjunction with Trauma Policies and Procedures. • For anticipated prolonged extrication (> 30 minutes) • Consider Trauma Activation	• Assess ABC's • Administer oxygen as needed • Provide spinal motion restriction if indicated • Apply blanket to keep patient warm • For multi-system trauma, treat in conjunction with Trauma Policies and Procedures. • For anticipated prolonged extrication (> 30 minutes) • Consider Trauma Activation
ALS Prior to Base Hospital Contact: Paramedic only	**ALS Prior to Base Hospital Contact: Paramedic only**
• Establish IV/IO access. • Initiate cardiac monitoring. • If unable to establish vascular access while entrapped place tourniquet PRIOR to extrication. If patient is at risk for **crush injury syndrome** or if there is **evidence of hyperkalemia** (peaked T-waves in multiple leads, absent p-waves, and/or widened QRS complex) administer: **Calcium Chloride** 20mg/kg slow IV/IO push, Repeat x1 for persistent ECG abnormalities. **Sodium Bicarbonate** 1 mEq/kg slow IV/IO push, Repeat x1 for persistent ECG abnormalities. **Albuterol** 5mg via neb, repeat continuously until hospital arrival. • For pain management refer to protocol Pain Control/Fever (116) Normal Saline 20mL/kg IV/IO rapid prior to release of compressive force. May repeat x1 for a total of 40mL/kg IV/IO, maximum prior to Base contact 2L. • For nausea or vomiting administer Ondansetron 4mg	• Establish IV/IO access. • Initiate cardiac monitoring. • If unable to establish vascular access while entrapped place tourniquet PRIOR to extrication. If patient is at risk for **crush injury syndrome** or if there is **evidence of hyperkalemia** (peaked T-waves in multiple leads, absent p-waves, and/or widened QRS complex) administer: **Calcium Chloride** 20mg/kg slow IV/IO push, Repeat x1 for persistent ECG abnormalities. **Sodium Bicarbonate** 1 mEq/kg slow IV/IO push, Repeat x1 for persistent ECG abnormalities. **Albuterol** 5mg via neb, repeat continuously until hospital arrival. • For pain management refer to protocol Pain Control/Fever (116) Normal Saline 20mL/kg IV/IO rapid prior to release of compressive force. May repeat x1 for a total of 40mL/kg IV/IO, maximum prior to Base contact 2L. • For nausea or vomiting administer Ondansetron 4mg