

Police Custody



History

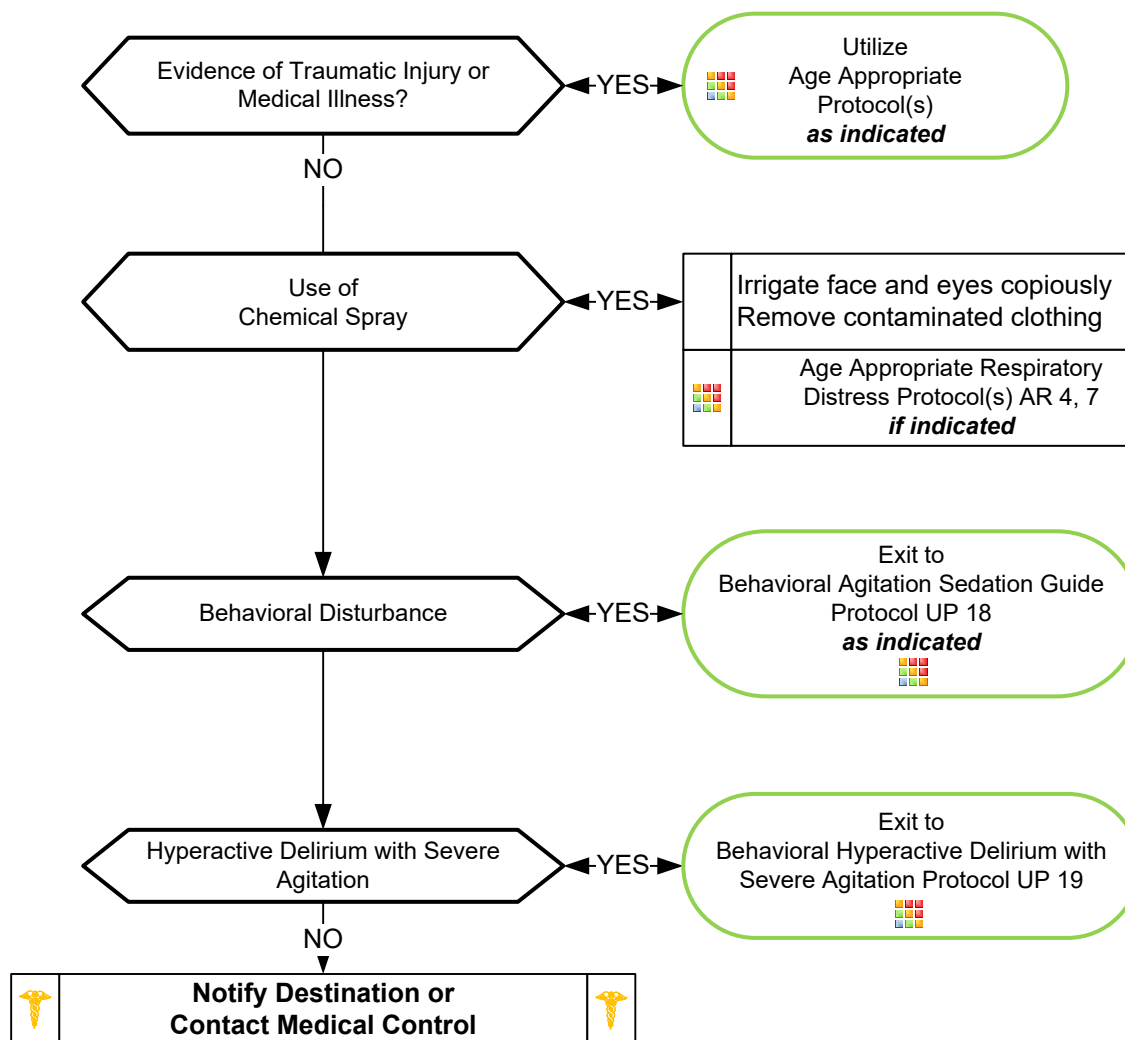
- * Traumatic Injury
- * Drug Abuse
- * Cardiac History
- * History of Asthma
- * Psychiatric History

Signs and Symptoms

- * External signs of trauma
- * Palpitations
- * Shortness of breath
- * Wheezing
- * Altered Mental Status
- * Intoxication/Substance Abuse

Differential

- * Agitated Delirium Secondary to Psychiatric Illness
- * Agitated Delirium Secondary to Substance Abuse
- * Traumatic Injury
- * Closed Head Injury
- * Asthma Exacerbation
- * Cardiac Dysrhythmia





Pearls

- * **Recommended Exam: Mental Status, Skin, Heart, Lungs, Neurologic status**
- * **Patient does not have to be in police custody or under arrest to utilize this protocol.**
- * **EMS agency should formulate a policy with local law enforcement agencies concerning patients requiring EMS and Law Enforcement involvement simultaneously.**
- * **Agencies should work together to formulate a disposition in the best interest of the patient.**
- * **Law Enforcement:**
 - Any patient who is handcuffed or restrained by Law Enforcement and transported by EMS, must be accompanied by law enforcement during transport capable of removing the devices.**
 - Patient should not be transported with upper extremities hand-cuffed behind back as this prevents proper assessment and could lead to injury.**
 - Consider multidisciplinary coordination with law enforcement to approach verbal de-escalation, restraint, and/or take-down restraint procedure.**
- * **Maintain high-index of suspicion for underlying medical or traumatic disorder causing or contributing to behavioral disturbance. Medical causes more likely in ages < 12 or > 40.**
- * **Medications are not to be used solely to aid in placing an individual into police custody. Physical and/or chemical restraints are reserved for a medical emergency in order to prevent imminent injury to a patient and/or providers.**
- * **Restraints:**
 - All patients who receive either physical or chemical restraint must be continuously observed by ALS personnel on scene or immediately upon their arrival.**
 - Do not position or transport any restrained patient in such a way that could impact the patient's respiratory or circulatory status.**
 - However, when EMS providers have utilized physical restraints in accordance with Restraint Procedure USP 5, the law enforcement agent may follow behind the ambulance during transport.**
- * **The responsibility for patient care rests with the highest authorized medical provider on scene per North Carolina law.**
- * **If an asthmatic patient is exposed to pepper spray and released to law enforcement, all parties should be advised to immediately contact EMS if wheezing/difficulty breathing occurs.**
- * **All patients with decision-making capacity in police custody retain the right to participate in decision making regarding their care and may request care or refuse care of EMS.**
- * **If extremity/ chemical/ law enforcement restraints are applied, follow USP 5 Restraints: Physical.**
- * **Consider Haldol for patients with history of psychosis or a benzodiazepine for patients with presumed substance misuse.**
- * **Haldol is acceptable treatment in pediatric patients ≥ 12 years old. Safety and efficacy is not established in younger ages. Contact Medical Control for advice as needed.**
- * **Hyperactive Delirium with Severe Agitation:**
 - Medical emergency: Combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent/ bizarre behavior, insensitivity to pain, hyperthermia and increased strength.**
 - Potentially life-threatening and associated with use of physical control measures, including physical restraints and Tasers.**
 - Most commonly seen in male subjects with a history of serious mental illness and/or acute or chronic drug abuse, particularly stimulant drugs such as cocaine, crack cocaine, methamphetamine, amphetamines or similar agents. Alcohol withdrawal or head trauma may also contribute to the condition.**
 - If patient suspected of EDS suffers cardiac arrest, consider a fluid bolus and sodium bicarbonate early.**
- * **Patients exposed to chemical spray, with or without history of respiratory disease, may develop respiratory complaints up to 20 minutes post exposure.**