

Section: ALS Protocols
Subject: BEHAVIORAL EMERGENCIES
Section #: 345.03
Issue Date: December 1, 2017
Revision Date:
Approved By:

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1. Guiding principles:
 - a. Assure physical safety of the patient and First Responders
 - b. Diagnose and treat organic causes of behavioral disturbances such as, but not limited to, hypoglycemia, hypoxia or poisoning
 - c. Use reasonable physical restraint only if attempts at verbal control are unsuccessful. See **HCFR RESTRAINING PATIENTS** protocol for physical restraint guidance.
2. ALS Treatment
 - a. Simple anxiety not responsive to psychological first aid
 - i. Midazolam 2.5 mg IV/IM/IN
 - b. Violent/severely agitated patient:
 - i. Midazolam
 1. Adults and pediatric patients above 50 kg:
 - a. 5 mg **IN/IM** and then q5 min to a maximum of 20 mg
 2. Geriatrics (>65 y/o):
 - a. 2.5 mg **IN/IM** and then q5 minutes to a maximum of 10 mg.
 - ii. Diazepam (if midazolam is unavailable)
 3. Adults and pediatric patients weighing above 50 kg:
 - a. 10 mg IM, and then as needed q5 min to a maximum of 20 mg.
 4. Geriatrics (>65 y/o):
 - a. 5 mg IM, and then as needed q5 min to a maximum of 20 mg.
 - ii. Ketamine (for violent and excited delirium only after administration of at least one dose of benzodiazepine has not been effective)
 1. 2 mg/kg **IM** once, and if no response in 5 minutes can give an additional 1 mg/kg IM.
OR
 2. 1 mg/kg **IN** once, and if no response in 5 minutes can give 0.5 mg/kg IN.
 - c. Monitor EKG, SpO₂ and EtCO₂ on all patients medicated under this protocol.
 - d. Initiate oxygen if needed to maintain saturation greater than 94%.
 - e. If not previously done, establish intravenous access.
 - f. In cases of excited delirium with abnormal vital signs
 - i. Transport emergently to the closest appropriate receiving facility able to accept the patient.
 - ii. If patient has elevated temperature above 102 degrees F, consider cooling the patient using cold packs to neck, axilla, and groin.
3. Contact Medic-1 for additional doses of any medication under this protocol and for patients weighing less than 50 kg,
4. QA points:
 - a. Law enforcement, if present, should actively participate in all cases of physical restraint.
 - i. If not present, they should be requested if this protocol is applied.
 - ii. Do not delay transport awaiting Law Enforcement arrival
 - b. The prone position **will not** be used under any circumstances.
 - c. Always administer a benzodiazepine prior to ketamine.

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- d. Excited Delirium Syndrome is a state in which a person is in a hyperdynamic and extremely agitated state. The patient frequently is unable to focus rationally. The condition can be brought on by overdose of stimulant or hallucinogenic drugs, acute drug withdrawal, or psychiatric decompensation. Typical signs and symptoms to suspect excited delirium are elevated temperature, nudity, profuse sweating, and swings from aggressive behavior to tranquility. These patients should be closely observed for cardiovascular and respiratory changes.
- e. Make certain that when chemical or physical restraint is employed that you have an adequate number of members available and the appropriate equipment (for patient age and size) is available for monitoring and intervention.
- f. Patients over the age of 40 with new psychiatric symptoms are more likely to have an organic cause.
- g. Geriatric patients are at a higher risk for organic delirium due to medical illness or adverse reactions to medications.