

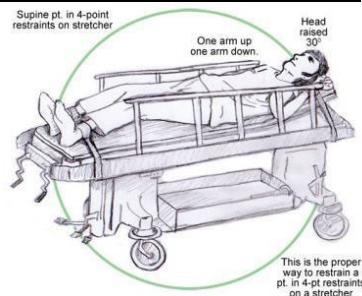
## BEHAVIORAL / AGITATION / COMBATIVE

**Identify and Correct Treatable Medical Emergencies Such as Hypoxemia, Sepsis, Seizure, Encephalitis, Hypoglycemia, or Stroke**

If patient is Hyperthermic begin cooling with ice packs in groin and axilla.

SCENE SAFETY  
SUMMON LAW ENFORCEMENT  
UNIVERSAL PATIENT CARE PROTOCOL

Remove patient from Stressful environment  
Verbal techniques (Reassurance, calm, establish rapport)  
BLOOD GLUCOSE PROCEDURE  
Treat Suspected Problems per Appropriate Protocol  
AMS - Overdose - Head Trauma - Hypoglycemia



Transport Restrained or Medicated patients supine or in lateral positions only - Never Prone -

Agitation – Not Combative

MIDAZOLAM  
2.5 mg IV / IO or 5 mg IM / IN  
q 5 min prn - Max 10 mg  
OR  
LORazepam

1 – 2 mg IV / IO / IM / IN  
q 10 min prn - Max 4 mg

**STOP** Do not use Midazolam or LORazepam and OLANZapine together

**STOP** AEMT use requires prior agency MD Approval and Training

**⚠️** If Midazolam (Versed) or LORazepam Unavailable, See Medication Section for diazepam

Or may Consider  
*WITH PSYCHOSIS patient only*  
OLANZapine  
Orally Disintegrating Tablet  
10 mg Oral – No Repeat  
Instead of Midazolam

CAPNOGRAPHY PROCEDURE Required

Combative – not Violent  
Risk to Self or others

RESTRAINT PROCEDURE

HALOPERIDOL  
5 mg IM ONLY  
OR  
DroPERidol

5mg IM ONLY  
Either - Over Age 65 Give 2.5 mg  
IM ONLY –No Repeat

AND / OR  
MIDAZOLAM

2.5 mg IV / IO or 5 mg IM / IN  
q 5 min prn - Max 10 mg  
OR

LORazepam

1 – 2 mg IV / IO / IM / IN  
q 10 min prn - Max 4 mg

**STOP** AEMT use requires prior agency MD Approval and Training

**⚠️** If Midazolam or LORazepam Unavailable, See Medication Section for diazepam

Any time After Injection: If Fasciculations, Extrapiramidal Symptoms (EPS) Like Dystonia

diphenhydrAMINE  
25 - 50 mg IV / IM – No Repeat  
May Give Prophylactically

**Do not mix**

HALOPERIDOL or DroPERidol and diphenhydrAMINE in the same syringe - Incompatible

CAPNOGRAPHY PROCEDURE Required

Combative - Violent  
**Significant Threat to Providers**

RESTRAINT PROCEDURE

KETAMINE  
250 mg IM

**USE 100 mg / ml Concentration**  
May Repeat 250 mg IM Only  
in 5 Min if NO RESPONSE – Max 500 mg  
**STOP** AEMT use requires prior agency MD Approval and Training

If Signs of Emergence  
After KETAMINE Administer  
MIDAZOLAM

2.5 mg IV / IO or 5 mg  
IM / IN q 5 min prn - Max 10 mg  
OR

LORazepam

1 – 2 mg IV / IO / IM / IN  
q 10 min prn - Max 4 mg

**STOP** AEMT use requires prior agency MD Approval and Training

**⚠️** Notify receiving Physician Ketamine administered so patient presentation is not misconstrued as other etiology

If Midazolam or LORazepam Unavailable, See Medication Section for diazepam

CAPNOGRAPHY PROCEDURE Required

Constant reassessment of ABC's, personal, and patient safety

TRANSPORT to appropriate facility CONTACT receiving facility CONSULT Medical Control where indicated APPROPRIATE transfer of care

EMT Intervention

AEMT Intervention

PARAMEDIC Intervention

Online Medical Control

# BEHAVIORAL / AGITATION / COMBATIVE

**ALL RESPONDERS SHOULD HAVE A HEIGHTENED AWARENESS OF SCENE SAFETY**

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> <li>Situational crisis</li> <li>Psychiatric illness / medications</li> <li>Injury to self or threats to others</li> <li>Medic alert tag</li> <li>Substance abuse / overdose</li> <li>Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>Anxiety, agitation, confusion</li> <li>Affect change, hallucinations</li> <li>Delusional thoughts, bizarre behavior</li> <li>Combative violent</li> <li>Expression of suicidal / homicidal thoughts</li> </ul>	<ul style="list-style-type: none"> <li>See <u>Altered Mental Status</u> differential diagnosis</li> <li>Alcohol Intoxication</li> <li>Toxin / substance abuse</li> <li>Medication effect / OD</li> <li>Withdrawal syndromes</li> <li>Depression</li> <li>Bipolar (manic-depressive)</li> <li>Schizophrenia</li> <li>Anxiety disorders</li> </ul>
<b>Agitated – Non-Combative</b> Patient is experiencing a period of high anxiety seemingly from a psychiatric event not otherwise treatable by EMS who is not a treat to self or others	<b>Combative – Not Violent</b> Patient is a treat to self or others and can be controlled and restrained with appropriate help without significant risk to the providers	<b>Combative – Violent</b> Patient is in a violent state that puts providers at significant risk despite appropriate help

**Criteria for Restraint Use:**

- Patient out of control and may cause harm to self or others – document these in PCR.
- Necessary force required for patient control without causing harm.
- Position of patient must not impede airway or breathing.**
- Restraints must not impede circulation.
- Place mask on patient for body secretion protection. May use surgical mask, or Non-rebreather if patient needs oxygen.
- Use supine or lateral positioning ONLY.
- MSP checks are required every 15 min.
- DOCUMENT methods used.
- Medication should be used in conjunction with physical restraint when available.

**Criteria for medication use for combative / violent patients:**

- Patient out of control and may cause harm to self or others – document these in PCR.
- Patient is NOT a medical patient (treat underlying causes).
- Patient is an ADULT patient.
- Medications can be given safely without harm to patient or EMS.
- Use minimum force required for patient control without causing harm.
- Position of patient must not impede airway or breathing.**
- DOCUMENT methods used.

### RASS (Richmond Agitation Sedation Score)

+4	Combative	Overtly combative, violent, immediate danger to staff
+3	Very Agitated	Pulls or removes tube(s) or catheter(s); aggressive
+2	Agitated	Frequent non-purposeful movement, fights ventilator
+1	Restless	Anxious but movements not aggressive vigorous
0	Alert and Calm	
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to voice ( <b>&gt;10 seconds</b> )
-2	Light Sedation	Briefly awakens with eye contact to voice ( <b>&lt;10 seconds</b> )
-3	Moderate Sedation	Movement or eye opening to voice ( <b>but no eye contact</b> )
-4	Deep Sedation	No response to voice, but movement or eye opening to <i>physical</i> stimulation
-5	Unarousable	No response to <i>voice or physical</i> stimulation
<b>Emergency Symptoms</b>		<b>Extrapyramidal Symptoms (EPS)</b>
Confusion		Involuntary Movements
Excitement		Purposeless Movements
Irrational Behavior		Tongue Protrusion - Rapid Eye Blinking
Hallucinations		Facial Grimacing - Lip Smacking / Puckering
<b>Neuroleptic Malignant Syndrome</b>		
Increased Body Temp > 38C (100.4F)		
Muscle Rigidity		
Diaphoresis		
Altered LOC		

### KEY POINTS

- Exam: Mental Status, Skin, Heart, Lungs, Neuro
- All psychiatric patients must have medical clearance at a hospital ED before transport to a mental health facility.
- Your safety first!!
- Be sure to consider all possible medical / trauma causes for behavior. (Hypoglycemia, overdose, substance abuse, hypoxia, head injury, seizure, etc.)
- Do not irritate the patient with a prolonged exam.
- Do not overlook the possibility of associated domestic violence or child abuse.
- The safety of on scene personnel is the priority. Protect yourself and others by summoning law enforcement to assure everyone's safety and if necessary, to enable you to render care. Do not approach the patient if he / she is armed with a weapon. Once restrained assure that the patient is searched for weapons.
- Consider the medical causes of acute psychosis. Causes may include head trauma, hypoglycemia, acute intoxication, sepsis, CNS insult and hypoxia.
- Suicide ideation or attempts must be transported for evaluation.
- Be alert for rapidly changing behaviors.
- Limit patient stimulation and use de-escalation techniques.
- If the patient has been placed in handcuffs by a law enforcement agency, then a member from that agency MUST ride with the patient in the ambulance to the hospital.
- Consider treatment of agitation / anxiety combativeness for patients requiring restraint procedure.
- Use of Ketamine and / or Midazolam for behavioral emergencies by AEMTs requires training and approval from the agencies Medical Director before they can use the medications off-line.
- Ketamine use in pregnancy is a risk / benefit assessment per case. Consult Medical Control if there are questions.
- Patients who have used stimulant drugs or have struggled with law enforcement may be at increased risk of metabolic acidosis.
- Rapid / deep breathing or respiratory distress may be indicative of metabolic acidosis.
- Transport to facilities with appropriate police / security