

ALCOHOL / WITHDRAWAL RELATED EMERGENCIES

Airway / Breathing

Circulation / Shock

Cardiac

Medical

Trauma

STOP
All AEMT Medication Administrations on this page require PRIOR agency Medical Director approval and training to use off-line

UNIVERSAL PATIENT CARE PROTOCOL
RULE OUT OTHER CAUSES / CONCURRENT ISSUES
OXYGEN to maintain SpO₂ >94 by NC when possible
IV / IO PROCEDURE
Apply Cardiac Monitor and Assess Vitals
BLOOD GLUCOSE PROCEDURE

Transport Restrained or Medicated patients supine or in lateral position only

Administer THIAMINE 100 mg IV or IM No Repeat If IV / IO DEXTROSE required to treat Hypoglycemia in the Chronic Alcoholic Patient

Mild Symptoms

Nausea, Vomiting, Headache, Dehydration, Protecting own Airway, Dizzy, Lightheaded, Responsive

Treat per NAUSEA AND VOMITING PROTOCOL

IV NORMAL SALINE BOLUS 20 ml / kg
If Signs of Dehydration or To Maintain MAP > 65 or SBP 90 if MAP Unavailable or Radial Pulses

Violent / Combative

Combative, Violent, Irrational Behavior, Threat to Self or Others

NOT FOR
Obnoxious patient who is otherwise not a threat and is following commands

Summon Law Enforcement
Make Scene Safe

Treat per BEHAVIORAL / AGITATION / COMBATIVE PROTOCOL

Obtunded

Unresponsive or only Mildly to Noxious Stimuli, Snoring, Questionable ability to Protect Airway, Possibly Vomiting

Protect Airway
AIRWAY PROTOCOL

Position on Left Side
Have Suction Immediately Available

Consider Need for Advanced Airway Placement

CAPNOGRAPHY PROCEDURE Required

IV NORMAL SALINE BOLUS 20 ml / kg
To Maintain MAP > 65 or SBP 90 if MAP Unavailable or Radial Pulses

NAUSEA AND VOMITING PROTOCOL

DIAGNOSTIC EKG PROCEDURE

Alcohol / Benzos / Barbiturate Withdrawal

Chronic Alcoholic, Chronic Benzo / Barbiturate use, Shaking, Sweating, Fever, Hallucinations, Seizures, Tachycardia, HTN

COOLING MEASURES IF FEBRILE

If Patient Agitated, Consider 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 If Midazolam or LORazepam Unavailable, See Medication Section for diazepam

CAPNOGRAPHY PROCEDURE Required

IV NORMAL SALINE BOLUS 20 ml / kg
To Maintain MAP > 65 or SBP 90 if MAP Unavailable or Radial Pulses

If Patient BECOMES Combative, Violent, Threat to Self or Others Follow Second Column

NAUSEA AND VOMITING PROTOCOL

DIAGNOSTIC EKG PROCEDURE

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

ALCOHOL / WITHDRAWAL RELATED EMERGENCIES

ALL RESPONDERS SHOULD HAVE A HEIGHTENED AWARENESS OF SCENE SAFETY

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> Substance abuse / overdose Situational crisis Psychiatric illness / medications Injury to self or threats to others Medic alert tag Diabetes 	<ul style="list-style-type: none"> Anxiety, agitation, confusion Affect change, hallucinations Delusional thoughts, bizarre behavior Combative violent Expression of suicidal / homicidal thoughts 	<ul style="list-style-type: none"> See Altered Mental Status differential diagnosis Alcohol Intoxication Toxin / substance abuse Medication effect / OD Withdrawal syndromes Depression Bipolar (manic-depressive) Schizophrenia Anxiety disorders
Agitated – Non-Combative 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	Combative – Not Violent Patient is a treat to self or others and can be controlled and restrained with appropriate help without significant risk to the providers	Combative – Violent 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.
- 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.
- 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 (>10 seconds)
-2	Light Sedation	Briefly awakens with eye contact to voice (<10 seconds)
-3	Moderate Sedation	Movement or eye opening to voice (but no eye contact)
-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

Emergency Symptoms	Extrapyramidal Symptoms (EPS)	Neuroleptic Malignant Syndrome
Confusion Excitement Irrational Behavior Hallucinations	Involuntary Movements Purposeless Movements Tongue Protrusion - Rapid Eye Blinking Facial Grimacing - Lip Smacking / Puckering	Increased Body Temp > 38C (100.4F) Muscle Rigidity Diaphoresis Altered LOC

KEY POINTS

- Exam: Mental Status, Skin, Heart, Lungs, Neuro
- 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.
- Be alert for rapidly changing behaviors.
- Limit patient stimulation and use de-escalation techniques.
- Handcuffs applied by law enforcement applied to patients **NOT in custody / under arrest** may be switched to soft restraints for transport
- Handcuffs applied by law enforcement to patients **IN custody / under arrest** require a law enforcement officer to remain available to adjust restraints as necessary for the patient's safety. This policy is not intended to negate the need for law enforcement personnel to use appropriate restraint equipment to establish scene control.
- 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.