

- d. Disability/neuro/mental status
  - e. Treat any compromise of these parameters
  - f. Ask about chest pain and difficulty breathing
2. Vital signs including temperature for hyperthermia
  3. Apply a cardiac monitor and examine rhythm strip for arrhythmias
  4. Check blood glucose level
  5. Monitor EtCO<sub>2</sub> for respiratory decompensation
  6. Check a 12-lead EKG when possible
  7. Check for trauma, self-inflicted injury
  8. Law enforcement should have checked for weapons and drugs, but you may need to repeat the inspection

### **Treatment and Interventions**

1. IV access for any fluids and meds
2. Give fluids for poor perfusion; cool fluids for hyperthermia [See [Shock Guideline](#) and [Hyperthermia/Heat Exposure Guideline](#)]
3. Treat chest pain as acute coronary syndrome (ACS) and follow [ST-Elevation Myocardial Infarction \(STEMI\) Guideline](#) if there is EKG is consistent with STEMI
4. Consider treating shortness of breath as atypical ACS
  - a. Administer oxygen as appropriate with a target of achieving 94–98% saturation
5. Consider soft physical management devices especially if law enforcement has been involved in getting patient to cooperate [See [Agitated or Violent Patient/Behavioral Emergency Guideline](#) ]
6. Consider medications to reduce agitation and other significant sympathomimetic findings, preferably benzodiazepines, for the safety of the patients and clinicians. The administration of ketamine should be considered for delirium with agitated behavior. This may improve behavior and compliance [See [Agitated or Violent Patient/Behavioral Emergency Guideline](#) ]
  - a. If haloperidol or droperidol is used, maintain cardiac monitoring (or obtain 12-lead EKGs) for QT-interval prolongation if feasible
7. Consider prophylactic use of antiemetic:
  - a. **Adult:** administer ondansetron 4–8 mg SLOW IV over 2–5 minutes or 4–8 mg IM or 8 mg orally disintegrating tablet
  - b. **Pediatric:** Administer ondansetron 0.15 mg/kg SLOW IV over 2–5 minutes
  - c. Do not use promethazine if haloperidol or droperidol are to be or have been given. They all increase QT prolongation, but ondansetron has less seizure risk
8. If hyperthermia suspected, begin external cooling (e.g., cold or ice packs to axilla/groin)

### **Patient Safety Considerations**

1. Apply the least amount of physical management devices that are necessary to protect the patient and the clinicians [See [Agitated or Violent Patient/Behavioral Emergency Guideline](#) ]
2. Assessment for potential weapons or additional drugs is very important since these items can pose a threat not just to the patient but also to the EMS crew