



Agitated or Violent Patient/Behavioral Emergency

Aliases

Acute psychosis

Patient restraint

Patient Care Goals

1. Provision of emergency medical care to the agitated, violent, or uncooperative patient
2. Maximizing and maintaining safety for the patient, EMS personnel, and others

Patient Presentation

Inclusion Criteria

Patients of all ages who are exhibiting agitated or violent behavior, are a danger to self or others and in the sole assessment of the EMS clinician require physical and/or pharmacologic restraint to mitigate injury to self or others

Exclusion Criteria

1. Patients exhibiting agitated or violent behavior due to medical conditions including, but not limited to:
 - a. [Head injury](#)
 - b. Metabolic disorders (e.g., hypoglycemia, hypoxia)

Patient Management

Assessment

1. Note medications/substances on scene that may contribute to the agitation, or may be relevant to the treatment of a contributing medical condition
2. Maintain and support airway
3. Note respiratory rate and effort – If possible, monitor pulse oximetry and/or capnography
4. Assess circulatory status:
 - a. Blood pressure (if possible)
 - b. Pulse rate
 - c. Capillary refill
5. Assess mental status
 - a. Check blood glucose (if possible)
6. Obtain temperature (if possible)
7. Assess for evidence of traumatic injuries
8. Use a validated risk assessment tool such as RASS (Richmond Agitation Sedation Score), AMSS (Altered Mental Status Score), or BARS (Behavioral Activity Rating Scale) to risk stratify violent patients to help guide interventions

Treatment and Interventions

1. Establish patient rapport
 - a. Attempt verbal reassurance and calm patient prior to use of pharmacologic and/or physical management devices
 - b. Engage family members/loved ones to encourage patient cooperation if their presence does not exacerbate the patient's agitation