



- Measures taken to establish patient rapport
- Dose, route, and number of doses of pharmacologic management medications administered
- Clinical response to pharmacologic management medications
- Number and physical sites of placement of physical management devices
- Duration of placement of physical management devices
- Repeated assessment of airway patency
- Repeated assessment of respiratory rate, effort, pulse oximetry/capnography
- Repeated assessment of circulatory status with blood pressure, capillary refill, cardiac monitoring
- Repeated assessment of mental status and trends in the level of patient cooperation
- Repeated assessment of capillary refill in patient with extremity securing devices
- Communications with EMS medical direction
- Initiation and duration of engagement with law enforcement

Performance Measures

- Incidence of injuries to patient, EMS personnel, or others on scene
- Incidence of injuries to patient, EMS personnel, or others during transport
- Medical or physical complications (including sudden death) in patients
- Advance informational communication of EMS protocols for the management of agitated and violent patients to others within the emergency care system and law enforcement
- Initiation and engagement with EMS medical direction
- Initiation and duration of engagement with law enforcement
- **National EMS Quality Alliance (NEMSQA) Performance Measures** (for additional information, see www.nemsqa.org)
 - *Pediatrics—03: Documentation of Estimated Weight in Kilograms*

References

1. Adimando AJ, Poncin YB, Baum CR. Pharmacological management of the agitated pediatric patient. *Pediatr Emerg Care*. 2010;26(11):856–60
2. Calver L, Drinkwater V, Gupta R, Page CB, Isbister GK. Droperidol v. haloperidol for sedation of aggressive behaviour in acute mental health: randomized controlled trial. *Br J Psychiatry*. 2015;206(3):223-228.
3. Calver L, Page CB, Downes MA, et al. The Safety and Effectiveness of Droperidol for Sedation of Acute Behavioral Disturbance in the Emergency Department. *Ann Emerg Med*. 2015;66(3):230-238.e1.
4. Calver L, Isbister GK. High dose droperidol and QT prolongation: analysis of continuous 12-lead recordings. *British Journal of Clinical Pharmacology*. 2014;77(5):880-886
5. Drayna PC, Estrada C, Wang W, Saville BR, Arnold DH. Ketamine sedation is not associated with clinically meaningful elevation of intraocular pressure. *Am J Emerg Med*. 2012;30(7):1215–8.
6. Ely EW, Truman B, Shintani A, et al. Monitoring sedation status over time in ICU patients: reliability and validity of the Richmond Agitation-Sedation Scale (RASS). *JAMA*. 2003;289(22):2983–91.
7. Gerson R, Malas N, Feuer V, Silver GH, Prasad R, Mroczkowski MM. Best Practices for Evaluation and Treatment of Agitated Children and Adolescents (BETA) in the Emergency Department: Consensus Statement of the American Association for Emergency Psychiatry [published correction appears in West J Emerg Med. 2019 May;20(3):537] [published correction appears in