

- a. 2.5 mg IV; 10-minute onset of action
OR
 - b. 5–10 mg IM; 20-minute onset of action
 - 2. **Pediatrics:** Not routinely recommended
 - ii. Haloperidol (Limited data available, optimal dose not established)
 - 1. **Adults:**
 - a. 5 mg IV; 5–10 minute onset of action
OR
 - b. 5–10 mg IM; 10–20 minute onset of action
 - 2. **Pediatrics:** Age 6–12 years old: 1–3 mg IM (maximum dose 0.15 mg/kg)
 - iii. Olanzapine

(Note: Concurrent use of IM/IV benzodiazepines and olanzapine IM is not recommended as fatalities have been reported)

 - 1. **Adults:**
 - a. 10 mg IM; 15–30 minute onset of action
 - b. 10 mg ODT PO or SL
 - 2. **Pediatrics:**
 - a. Age 6–11 years old: 5 mg IM (*limited data available for pediatric use*)
 - b. Age 12–18 years old: 10 mg IM
 - c. Age 6–18 years old: 5 mg ODT PO or SL
 - iv. Ziprasidone
 - 1. **Adults:** 10 mg IM; 10-minute onset of action
 - 2. **Pediatrics:**
 - a. Age 6–11 years old: 5 mg IM (*limited data available for pediatric use*)
 - b. Age 12–18 years old: 10 mg IM
 - d. Dissociative Agents (provide sedation and anesthesia)
 - i. Ketamine (option for high violence risk)
 - 1. **Adults:**
 - a. 2 mg/kg IV; 1 minute onset of action
OR
 - b. 4 mg/kg IM; 3–5 minute onset of action
 - 2. **Pediatrics:**
 - a. 1 mg/kg IV
OR
 - b. 3 mg/kg IM
 - e. Antihistamines
 - i. Diphenhydramine
 - 1. **Adults:** 25–50 mg IM/IV/PO
 - 2. **Pediatrics:** 1 mg/kg IM/IV/PO (maximum dose of 25 mg)
2. Physical Management Devices
 - a. Body
 - i. Stretcher straps should be applied as the standard procedure for all patients during transport
 - ii. Physical management devices, including stretcher straps, should never restrict the patient's chest wall motion
 - iii. If necessary, sheets may be used as improvised supplemental stretcher straps. Other forms of improvised physical management devices should be discouraged