

<b>BEHAVIORAL EMERGENCIES</b>	
<b>ADULT</b>	<b>PEDIATRIC (<math>\leq 34</math> KG)</b>
<b>BLS</b>	
<ul style="list-style-type: none"> <li>Universal Protocol #601</li> <li>Pulse Oximetry <ul style="list-style-type: none"> <li>O<sub>2</sub> administration per Airway Management Protocol #602</li> </ul> </li> <li>Assess for reversible causes such as: hypoxia, shock, hypoglycemia</li> <li><b>Restraints per Use of Restraints Procedure #711</b></li> </ul>	
<b>ALS Standing Orders</b>	
<ul style="list-style-type: none"> <li>Obtain a blood glucose as possible/safe</li> <li><b>Midazolam</b> <ul style="list-style-type: none"> <li>Up to 5mg SLOW IV or</li> <li>5 mg IM/IN (split between nares)</li> <li>May repeat once after 5 minutes - for significant agitation/threat to self or others</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Obtain blood glucose as possible/safe</li> <li><b>Midazolam</b> <ul style="list-style-type: none"> <li>Up to 0.2 mg/kg SLOW IV not to exceed 5 mg Or</li> <li>Up to 0.2 mg/kg IM/IN (split between nares) not to exceed 5 mg</li> <li>May repeat once after 5 minutes for significant agitation/threat to self or others</li> <li>Not to exceed 5mg TOTAL</li> </ul> </li> </ul>
<b>Base Hospital Orders Only</b>	
<ul style="list-style-type: none"> <li>Additional doses of <b>Midazolam</b></li> <li>As needed</li> </ul>	<ul style="list-style-type: none"> <li>Additional doses of <b>Midazolam</b></li> <li>As needed</li> </ul>
<b>Notes</b>	
<ul style="list-style-type: none"> <li><u>Behavioral Emergencies</u> – severely agitated or aggressive patients that interfere with patient care or patient/crew safety</li> <li>IV or IM administration of Midazolam are the preferred routes</li> <li>Consider law enforcement support for violent or threatening patients</li> <li>“Tasered” patients – EMS personnel not to remove barbs, law enforcement may remove</li> <li>Pediatric maximum <b>volume</b> of one (1) mL per nostril per atomization (0.2-0.3 mL per nostril is ideal) <ul style="list-style-type: none"> <li>volumes &gt; 1 mL are more likely to saturate the mucosal surface causing medication runoff into the proximal pharynx</li> </ul> </li> </ul>	