



4602

Behavioral
Emergencies

Treatment Protocol



Last Reviewed: October 4, 2022

Last Revised: July 1, 2023

BLS Patient Management

- **Establish, maintain, and ensure:**
 - A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
 - B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
 - C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated
- **Oxygen**

As clinically indicated. Titrate to maintain, or increase, SpO₂ to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD
- Attach ECG leads to the patient when a paramedic is present
- Position the patient as clinically indicated for safety, comfort, and to meet physiologic requirements
- Apply four-point restraints and spit sock as clinically indicated. Never restrain a patient supine or prone. Transport in low to high Fowler's position

Prevent positional asphyxiation by avoiding prone positioning, hog-tie applications or limiting diaphragmatic excursion
- Perform cooling measures as clinically indicated

ALS Patient Management

- Interpret and continuously monitor ECG, SpO₂ and waveform / digital capnography
- **For patients requiring chemical restraint when physical restraints are ineffective and who pose an immediate danger to themselves or others, due to:**
 - Severe agitation / aggression OR
 - Severe distress, who are at potential risk for sudden death

IM Versed is preferred in this circumstance.

Adults: Midazolam 5 mg (1 mL) IM/IN. **MAY REPEAT ONCE. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

****OR****

Midazolam 2.5 mg (0.5 mL) slow IV/IO push. **MAY REPEAT ONCE. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

Pediatrics: Midazolam 0.2 mg / kg IM/IN. **MAY REPEAT ONCE. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

****OR****

Midazolam 0.1 mg / kg slow IV/IO push. **MAY REPEAT ONCE. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

- For hyperthermia or heat illness symptoms related to severe agitation / aggression / distress
Adults: 250 mL IV/IO bolus. **MAY REPEAT AS CLINICALLY INDICATED TO A MAX ADMINISTRATION OF 2 L.**

Pediatrics: 20 mL / kg IV/IO bolus. Use a volume control administration set for accurate dosing. **MAY REPEAT AS CLINICALLY INDICATED**. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.
- For suspected hyperkalemia associated with heat illness / hyperthermia
INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).
Adults: Sodium Bicarbonate 50 mEq (50 mL) IV/IO push.

Pediatrics: Sodium Bicarbonate 1 mEq / kg IV/IO push. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.