



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.

	<ul style="list-style-type: none"> For hyperthermia or heat illness symptoms related to severe agitation / aggression / distress <u>Adults:</u> 250 mL IV/IO bolus. MAY REPEAT AS CLINICALLY INDICATED TO A MAX ADMINISTRATION OF 2 L. <u>Pediatrics:</u> 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). <u>Adults:</u> Sodium Bicarbonate 50 mEq (50 mL) IV/IO push. <u>Pediatrics:</u> Sodium Bicarbonate 1 mEq / kg IV/IO push. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.
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