

Behavioral

B-01 Behavioral Emergencies

PRIORITIES

SCENE SAFETY: Above all protect yourself and others.

ABC's

Identify and correct treatable causes for behavior

Document all physical/psychological findings

Early transport

Early notification of receiving hospital

One rescuer must assume control of the scene to minimize confusion on direction of patient care.

If the patient refuses care and transport, obtain a 5150 hold from law enforcement if possible.

BLS and General Treatment**VERBAL INTERVENTION**

Always attempt verbal intervention first to de-escalate the situation.

Speak in a calm, reassuring, but firm voice when approaching and caring for the patient.

NO

Verbal Intervention Failed and Restraints Required?

Yes

Physical Exam including mental status and Glasgow Coma Scale

Oxygen
Pulse Oximetry
Titrate SpO₂ ≥95%

Blood Glucose Check

ALS Treatment

Consider IV/IO NS TKO

Treat any reversible causes of ALOC per appropriate protocol

Yes

Physical Restraint

Obtain appropriate assistance (law enforcement, other rescuers, etc.) of at least four people to restrain the patient.

Restrain the patient and document, per Policy 6143, Patient Restraint.

ALS Treatment

For ADULTS with continued agitation or violent behavior consider:

Midazolam 2mg IV/IO

OR

Midazolam 2mg – 4mg IM/IN

May repeat once for a max dose of 4mg IV/IO or 8mg IM/IN for further continued agitation or violent behavior.

Midazolam may be given prior to physical restraint if the patient is too severely agitated or violent that physical restraint cannot be preformed safely.

If administering Midazolam concurrently with Protocol N-2, only give combined max dose of

Midazolam 20mg IM/IN OR

Midazolam 8mg IV/IO

Transport

Contact Base Physician for Additional Medication Orders

DISRUPTED COMMUNICATIONS

In the event of a "disrupted communications" situation, Solano County Paramedics may utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.