Protocol M-14

ADULT BEHAVORIAL EMERGENCIES

SECTION: M-14

PROTOCOL TITLE: Behavioral Emergencies & Combative Patients

REVISED: 01MAY2018

GENERAL COMMENTS: Medical responses involving behavioral emergencies and combative patients are some of the most perilous emergencies EMS personnel will encounter. Many of these patients have multiple underlying pathologies, which are often exacerbated by or derived from illicit substance abuse. As such, these emergencies pose many challenges to the provider. Patient care should be focused on preventing/mitigating hyperthermia, agitated delirium, positional asphyxia, hypoxia, and physical self-harm.

BLS SPECIFIC CARE: *See Adult General Medical Care Protocol M-01*

- Assess for medical causes of altered LOC/violent behavior
- Involve law enforcement as early as possible
- Restraints may be used for patient and/or rescuer safety
  - Do not restrain prone if possible; four-point restraints are recommended
  - Observe and prevent positional asphyxia, and monitor the airway and respirations closely
  - If restrained, do not release restraints until at the hospital (unless required for essential patient care)
- Do not leave the patient unattended
- Allow for adequate heat dissipation
- Attempt to isolate and correct possible etiologies:
  - Loosen all restrictive clothing
  - Ensure Foley catheter is not kinked or occluded, and the drainage/collection bag is not overfilled
  - Remove kinks if present
  - Slowly empty drainage/collection bag if overfilled
  - Attempt to relieve pressure on any bed sores/ wounds, etc.
  - Attempt to correct any other noxious causes
  - Provide a low stimulus environment

AEMT/O.M. SPECIFIC CARE: *See Adult General Medical Care Protocol M-01*

- IV access (to a max of 3 attempts) if needed due to severity of underlying injury or illness; otherwise, defer until arrival of ALS providers
- Assess BGL to rule out a hypoglycemic episode

ALS SPECIFIC CARE: ***See Adult General Medical Care Protocol M-01***

Sedation/Anxiolysis

- Diazepam (Valium)
  - **IV:** 2-5 mg, repeat every 5-10 minutes PRN, max total dose 20 mg
  - **IM:** 5-10 mg, repeat once in 20 minutes PRN, max total dose 20 mg
- Midazolam (Versed)
  - **IV/IM:** 0.5-2.5 mg, repeat every 5-10 min PRN, max total dose 5 mg
  - **IN:** 2.5 mg, may repeat once at 10 minutes, max total dose 5 mg
- Lorazepam (Ativan)
  - **IV/IO:** 0.5-2 mg, may repeat at 10 minutes, max total dose 2 mg
  - **IM:** 1-2 mg (If no vascular access), max total dose 2 mg
- Haloperidol (Haldol)
  - **IV/IM:** 2.0-5.0 mg, repeat PRN, max total dose 10 mg
  - Strongly consider co-administration of Benadryl
  - Caution with hyperthermia, seizure risks, and hyperdynamic drug use

If removal of noxious stimulus fails to resolve episode, pharmacologic therapy is indicated.

Cardiac monitoring is strongly recommended.

Adjunctive Medications: These medications are given for their potentiation of other drugs effects or for the prevention/treatment of certain side effects (nausea, EPS, etc.) of drugs used in sedation.

- Benadryl (Diphenhydramine)
  - **IV/IM:** 25-50 mg

PHYSICIAN PEARLS:

ALS Providers may decrease the dosage or prolong the administration intervals of any medication with sedative properties when doing so would decrease adverse effects and still likely obtain the clinical goal.

Cautions with using medications to restrain a patient:

- Patient may experience respiratory depression or loss of gag reflex
- Occasionally, a paradoxical reaction results in increased agitation
- Medication may potentiate the sedative effect of other CNS depressants
- Mental status assessment and neurologic examination will be limited during sedation

Among the most difficult tasks in providing care during an adult behavioral emergency is determining the etiologies of combative patients, and treating accordingly:

- Psychiatric (functional)
- Non-psychiatric (organic)
    - Medical (CVA, hypoglycemia, increased ICP, meningitis, etc.)
    - Toxicological
    - Approximately two-thirds of behavioral emergency patients have a non-psychiatric (organic) etiology

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