

EL DORADO COUNTY EMS AGENCY

PREHOSPITAL PROTOCOLS

Effective: April 1, 2024

Review:

Revised: **March, 2024**

Scope: BLS/ALS – Adult/Ped

(on file)

EMS Agency Medical Director

SEVERELY AGITATED PATIENTS

PROTOCOL PROCEDURE: The intent of this protocol is to ensure patient and personnel safety. When verbal de-escalation has been ineffective, chemical and physical restraints may be used to achieve the goal of safety and must be documented well. The goal is to sedate the patient to a manageable level and initiate effective treatment with safe transport to the most appropriate facility. Document your justification for utilizing this protocol on the PCR, including all pertinent details.

Basic Life Support

EMT

ABCs / ROUTINE MEDICAL CARE –

- Ensure scene safety and request law enforcement prn to assist with restraints
- Assess airway and support ventilation with appropriate airway adjuncts as indicated
- Apply oxygen if pulse oximetry <94% or signs of hypo-perfusion or respiratory distress
- Consider second provider for assistance during transport as needed.

Advanced Life Support

Paramedic

GLUCOSE LEVEL ASSESSMENT – As soon as possible, via finger stick or venipuncture. Treat per GLYCEMIC EMERGENCY protocol if indicated.

RESTRAINT - The choice between physical and/or chemical restraint shall be determined by the needs of the patient. The provider shall pursue whichever modality most effectively renders the patient safe enough for continued care, whilst minimizing the potential for harm. Patients should never be restrained in the prone position.

CHEMICAL

If no IV/IO is established:

MIDAZOLAM 10mg IM

- May repeat x 2 at **5mg** prn every 5 minutes for severe agitation.
- (Max total dose = **20mg**).
- Monitor for respiratory depression.

PHYSICAL

- Refer to EDCEMSA **PHYSICAL RESTRAINT** Policy.
- Check restrained extremities for circulatory, sensory, and motor function **EVERY 15 MINUTES** at minimum.

SEVERELY AGITATED PATIENT

<p><u>If IV/IO is established and patient becomes severely agitated:</u></p> <p>MIDAZOLAM 2.5mg IV/IO diluted in 5mL NS slow push, titrated to effect.</p> <ul style="list-style-type: none">• May repeat x2 prn every 5 minutes. (Max total dose = 7.5mg)• Monitor for respiratory depression. <p><u>Severe Anxiety or Emergence Reaction from Ketamine:</u></p> <p>MIDAZOLAM 0.5-1mg slow IV/IO or IM every 5 minutes prn x3</p> <ul style="list-style-type: none">• (Max total dose = 3mg)• Use lower increments (0.5mg) if given following opioid or ketamine medications.	<ul style="list-style-type: none">• Restraints applied by Law Enforcement require the officer to remain at patient's side during transport to remove or adjust restraints for patient safety.
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CONTACT BASE for further guidance.

MIDAZOLAM may cause hypotension and/or respiratory depression.

Prepare to treat hypotension with 250 mL fluid bolus(es).

Prepare to give ventilatory assistance.

Consider lower dosing for small or elderly patients.

Consider possible underlying medical or traumatic conditions causing agitated behavior and refer to appropriate protocol as indicated.

SEVERELY AGITATED PATIENT

SEVERELY AGITATED PATIENT– PEDIATRIC

PROTOCOL PROCEDURE: The intent of this protocol is to ensure patient and personnel safety. When verbal de-escalation has been ineffective, chemical and physical restraints may be used to achieve the goal of safety and must be well documented.

Basic Life Support

EMT

ABCs / ROUTINE MEDICAL CARE –

- Ensure scene safety and request law enforcement prn to assist with restraints
- Assess airway and support ventilation with appropriate airway adjuncts as indicated
- Apply oxygen if pulse oximetry <94% or signs of hypo-perfusion or respiratory distress.

Advanced Life Support

Paramedic

GLUCOSE LEVEL ASSESSMENT – As soon as possible, via finger stick or venipuncture. Treat per GLYCEMIC EMERGENCY protocol if indicated.

RESTRAINT - The choice between physical and/or chemical restraint shall be determined by the needs of the patient. The provider shall pursue whichever modality most effectively renders the patient safe enough for continued care, whilst minimizing the potential for harm. Patient should never be restrained in prone position.

CHEMICAL

Severe Anxiety or Agitation:

If no IV/IO is established:

MIDAZOLAM 0.1mg/kg IM

- Single dose, never to exceed 10mg
- Monitor for respiratory depression.

If IV/IO is established and patient becomes severely agitated:

MIDAZOLAM 0.05mg/kg in 5ml NS slow IVP over 2-5 minutes.

PHYSICAL

- Refer to EDCEMSA **PHYSICAL RESTRAINT** Policy.
- Check restrained extremities for circulatory, sensory, and motor function **EVERY 15 MINUTES** at minimum.
- Restraints applied by Law Enforcement require the officer to remain at patient's side during transport to remove or adjust restraints for patient safety.

SEVERELY AGITATED PATIENT

<ul style="list-style-type: none">• Max single dose = 1mg (May repeat x1 PRN) <p>Contact Base station for additional doses</p>	
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Consider possible underlying medical or traumatic conditions causing agitated behavior and refer to appropriate protocol as indicated.