

SECTION: M-14

PROTOCOL TITLE: Behavioral Emergencies &
Combative Patients

REVISED: October 15, 2014

GENERAL COMMENTS: Behavioral emergencies and combative patients are some of the most pitfall filled patients EMS personnel will encounter. Many of these patients will have multiple underlying pathologies, including illicit drug use, which will pose many challenges to overcome. Patient care should be focused with preventing/mitigating hyperthermia, agitated delirium, positional asphyxia, hypoxia, and physical self-harm.

BLS SPECIFIC CARE: See adult General Medical Care Protocol M-1

- Assess for medical causes for 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. 4 point restraints are recommended
 - Observe and prevent positional asphyxia. Monitor airway and respirations closely. If restrained, do not release restraints until at the hospital unless required for essential patient care
- Do not leave patient unattended
- Allow for adequate heat dissipation
- Attempt to isolate and correct possible causes
 - Loosen all restrictive clothing
 - Ensure Foley catheter is not kinked or occluded and that 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

ILS SPECIFIC CARE: See adult General Medical Care Protocol M-1

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

Protocol M-14

ADULT BEHAVIORAL EMERGENCIES

ALS SPECIFIC CARE: See adult General Medical Care Protocol M-1

Sedation/Anxiolysis

- Diazepam (Valium)
 - IV: 2-5 mg every 5-10 min PRN.
 - IM: 5-10 mg repeated once in 20 minutes PRN.
 - Max of 20 mg
- Midazolam (Versed)
 - IV/IM: 0.5-2.5 mg every 5-10 min repeated PRN to a max of 5 mg
 - IN: 2.5 mg may repeat in 10 minutes once
- Haloperidol (Haldol)
 - IV/IM: 2.0-5.0 mg IVP PRN to a max of 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:

- Respiratory depression or loss of gag reflex
- Occasional paradoxical reaction results in increased agitation
- Increase effect of other CNS depressants
- Limit mental status assessment and neurologic examination during sedation

Among the most difficult tasks is determining the etiologies of combative patients and treating accordingly

- Psychiatric (functional)
- Non-psychiatric (organic)
 - Medical (CVA, Hypoglycemia, Increased ICP, Meningitis etc)
 - Toxicologic
- Approximately two thirds have non-psychiatric (organic) etiology