Protocol
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SECTION: M-14

PROTOCOL TITLE: Behavioral Emergencies & Combative Patients

REVISED: November 01, 2020

ADULT BEHAVORIAL EMERGENCIES

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
- Minimize noxious stimuli and create a low stimulus environment as feasible. Verbally deescalate as possible
- Obtain a BG
- Involve law enforcement as early as possible for combative/violent patients requiring restraint or sedation
- 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

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

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

Cardiac monitoring is indicated if restraints or sedation is required

Sedation/Anxiolysis: *If removal of noxious stimulus and/or de-escalation fails to resolve episode, pharmacologic therapy may be indicated.*

- 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

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
- Zofran (Ondansetron)
  - 4 mg IV/IM/IO
  - Repeat one time in 15 minutes, if needed

PHYSICIAN PEARLS:

General Principles: The management of behavioral emergencies is often time consuming. Providers should strive for the least restrictive methods of restraint for the situation while considering safety and clinical concerns.

Pharmacological Considerations:

- Medications for "Anxiolysis" may be used for severe and refractory anxiety and emotional distress with or without the need for physical restraints
- Medications for "Sedation" may also be used to facilitate and increase the safety of physical restraints in combative and violent patients. The use of medications to restrain a patient can absolutely improve patient and provider safety but require constant vigilance and significant clinical judgement
- Cautions with using medications for sedation/anxiolysis:
    - 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
- *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*

Assessment Considerations:

Among the most difficult tasks in providing care during an adult behavioral emergency is determining the etiologies of combative patients and treating accordingly. Approximately two-thirds of behavioral emergency patients have a non-psychiatric (organic) etiology:

- Psychiatric (functional)
- Non-psychiatric (organic)
    - Medical (CVA, hypoglycemia, increased ICP, meningitis, etc.)
- Toxicological

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