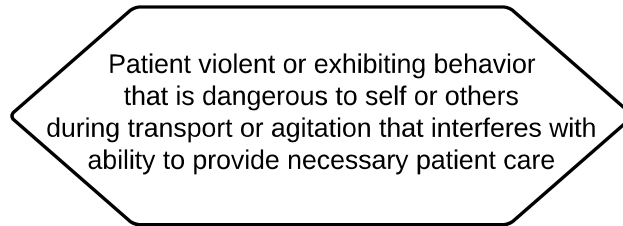




<b>History</b> <ul style="list-style-type: none"> <li>• Past medical history</li> <li>• Pertinent medication history</li> <li>• Compliance with medications</li> <li>• Recent exacerbating factor(s)</li> <li>• Petitioned or court ordered</li> <li>• Collateral information</li> <li>• Substance abuse history</li> </ul>	<b>Signs and Symptoms</b> <ul style="list-style-type: none"> <li>• Statements of suicidal/homicidal thoughts/ actions</li> <li>• Agitated/violent behavior</li> <li>• Exhibiting behaviors that can be deemed dangerous to self or others</li> <li>• Acute psychological complaint</li> </ul>	<b>Differential</b> <ul style="list-style-type: none"> <li>• Altered mental status related to drug usage</li> <li>• Trauma</li> <li>• Hypoglycemia/Hyperglycemia</li> <li>• Infection/Fever</li> </ul>
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B	Attempt verbal reassurance and calm patient Engage friends or family if they are able to help calm patient
	Follow agency SOP for physical restraint

P	Administer <b>midazolam 0.1 mg/kg IM/IN</b> Max initial dose 10 mg IM/IN May repeat x1 after 10 minutes to a max total dose of 15 mg IM/IN
	or Administer <b>midazolam 0.05 mg/kg IV/IO</b> max initial dose 5 mg IV/IO) May repeat x1 after 10 minutes to a max total dose of 10 mg IV/IO For patients with agitation that interferes with necessary patient care Administer <b>midazolam 0.05 mg/kg IM/IV/IO (max dose 2.5 mg)</b> ≤14 or > 65 years max initial and total doses are half ≤ 8 yrs: <b>Contact Medical Direction for orders</b> Use caution when patient at risk for hypotension, as midazolam administration will lower blood pressure.

B	Obtain full set of vital signs once able (including initial temperature when available) O <sub>2</sub> to maintain sat ≥ 94%
P	IV/IO access once able to safely obtain Apply cardiac monitor and EtCO <sub>2</sub> as soon as possible if sedation is administered. Consider 12-lead ECG

B	Reassess and document mental status and vital signs every 5 minutes and neurovascular status of all extremities every 15 minutes.
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## Education/Pearls

Behavioral patients provide a unique challenge in danger to the healthcare provider, as well as often losing their decision-making capacity. Patients with mental health disorders often have co-existing medical conditions.

**Combative patients with traumatic injury/TBI present a uniquely challenging scenario. The provider must consider the risks of causing hypotension by providing chemical sedation only when absolutely necessary.**

- Security is essential:
  - Always be sure to protect yourself and others.
  - Patients who verbalize a danger to self or others may NOT refuse care.
  - Attempt to protect patient from injury, but do not place yourself in danger to do so.
  - Summon law enforcement as necessary.
- Restraints should only be used if necessary:
  - Physical Restraint:
    - Handcuffs are to be placed by law enforcement only. If in law enforcement handcuffs, key must be within proximity of patient care at all times (but not within patient's reach).
    - Place stretcher in sitting position.
    - Do not apply restraints that restrict the patient's chest wall movement.
    - Pearls for extremity restraint:
      - Soft or leather restraints should not require a key
      - Restrain all four extremities to stationary frame of stretcher
      - All restraints must allow quick release
      - Reassess and document neurovascular status of all extremities every 15 minutes
  - Chemical Restraint:
    - Utilize with caution, as all restraint medications can cause respiratory compromise
    - Should be a later consideration for pediatric patients
    - EtCO<sub>2</sub> should be utilized for all patients who receive restraints.
- Excited Delirium Syndrome (ExDS) - common but poorly characterized presentation with a wide differential diagnosis. it is hypothesized to be due to catecholamine excess.
  - Likely to be identified by law enforcement, attempts to control individuals experiencing ExDS, via physical, chemical or electrical restraint are associated with an exceedingly high rate of morbidity and mortality.
  - Mortality is most strongly associated with respiratory depression, severe hyperthermia, and/or acidemia. Of these, profound hyperthermia has the strongest association with mortality. But normal temperature does not rule out ExDS.
  - Typically ExDS patients present with ANY combination of:
    - agitation
    - heightened pain tolerance
    - tachypnea
    - diaphoresis
  - They have a propensity to develop severe acidemia with progression to sudden cardiac arrest, which is why safe positioning, prompt sedation and thorough medical evaluation are necessary for prehospital treatment.
- Apply cardiac monitor and obtain vital signs as soon as possible, particularly when chemical restraints have been administered. Reassess VS every 5 minutes and document patient status, response, and monitor airway.