



## BEHAVIORAL EMERGENCY - COMBATIVE

**Effective:** January 1, 2025

**Replaces:** January 1, 2023

### 1. Patient Care Goals

- 1.1. Provision of emergency medical care to the agitated, violent, or uncooperative patient
- 1.2. Maximizing and maintaining safety for the patient, EMS personnel, and others

### 2. BLS Treatment

- 2.1. Routine Medical Care – Adult (700-S04)
  - 2.1.1. **Oxygen** – titrate as appropriate if possible
- 2.2. Request law enforcement assistance if not already on scene
- 2.3. If there are enough responders on scene, attempt to safely restrain the patient (700-S13)
- 2.4. **Blood Glucose Level**, to rule out hypoglycemia, if possible
  - 2.4.1. If hypoglycemic see (700-A03)

### 3. ALS Treatment

- 3.1. **Pulse Oximetry**, to rule out hypoxia, if possible
  - 3.1.1. If hypoxic, **Oxygen** – high flow

### 4. Behavioral Sedation

- 4.1. The ONLY prescribed use of sedation is to reduce the emergency medical condition of agitated or combative behavior that endangers the patient and/or the healthcare providers, when de-escalation efforts are unsuccessful
- 4.2. To be eligible for sedation the patient must also fit all the following criteria:
  - 4.2.1. 15 years of age or older
  - 4.2.2. Less than 65 years of age
  - 4.2.3. Patient does not have a suspected traumatic head injury or stroke
  - 4.2.4. Patient is presumed to not have a medical condition causing the agitation such as hypoglycemia or hypoxia
  - 4.2.5. EMS Sedation is **not** indicated for law enforcement activities
  - 4.2.6. If patient meets all the above criteria proceed to section 4.3
- 4.3. **Midazolam 5mg IM**
  - 4.3.1. **BASE CONTACT**: if additional Midazolam above 5mg is needed
- 4.4. Upon pharmacological control of the patient's behavior
  - 4.4.1. Place patient supine and assess airway patency, suction as needed
  - 4.4.2. Restrain in a supine position (700-S13)
  - 4.4.3. **Oxygen** – titrate as appropriate if not already completed
  - 4.4.4. **Pulse Oximetry** if not already completed
  - 4.4.5. **Capnography**
  - 4.4.6. **Vascular Access (IV) TKO**



## 5. Severe Agitation with Altered Mental Status

5.1. Patients meeting all the following criteria should be considered candidates for treatment of Severe Agitation with Altered Mental Status. Immediate **BASE CONTACT** should be made for midazolam.

- 5.1.1. 15 years of age or older
- 5.1.2. Less than 65 years of age
- 5.1.3. Altered mental status
- 5.1.4. Patient does not have a suspected traumatic head injury or stroke
- 5.1.5. Extreme agitation
- 5.1.6. Pain tolerance
- 5.1.7. Tactile hyperthermia
- 5.1.8. Physical destructiveness
- 5.1.9. De-escalation methods fail
- 5.1.10. Violence toward inanimate objects
- 5.1.11. Endurance without apparent fatigue, unstoppable

5.2. **BASE CONTACT: Midazolam 10mg IM**

5.3. Upon pharmacological control of the patient's behavior

- 5.3.1. Place patient supine and assess airway patency, suction as needed
- 5.3.2. Restrain in a supine position **(700-S13)**
- 5.3.3. **Oxygen** – titrate as appropriate if not already completed
- 5.3.4. **Pulse oximetry** if not already completed
- 5.3.5. **Capnography**
- 5.3.6. **Vascular Access (IV) TKO**
- 5.3.7. Active cooling as needed

## 6. Physical Management Devices

6.1. Body

- 6.1.1. Stretcher straps should be applied as the standard procedure for all patients during transport
- 6.1.2. Physical management devices, including stretcher straps, should never restrict the patient's chest wall motion
- 6.1.3. If necessary, sheets may be used as improvised supplemental stretcher straps. Other forms of improvised physical management devices should be discouraged
- 6.1.4. Supplemental straps or sheets may be necessary to prevent flexion/extension of torso, hips, legs by being placed around the lower lumbar region, below the buttocks, and over the thighs, knees, and legs

6.2. Extremities

- 6.2.1. Soft or leather devices should not require a key to release them
- 6.2.2. Secure all four extremities to maximize safety for patient, staff, and others
- 6.2.3. Secure all extremities to the stationary frame of the stretcher
- 6.2.4. Multiple knots should not be used to secure a device

## 7. Pertinent Assessment Findings

7.1. Continuous Monitoring of:

- 7.1.1. Airway Patency
- 7.1.2. Respiratory status with pulse oximetry and capnography



- 7.1.3. Circulatory status with frequent blood pressure measurements
- 7.1.4. Mental status and trends in level of patient cooperation
- 7.1.5. Cardiac status, especially if the patient has received pharmacologic management medication
- 7.1.6. Extremity perfusion with capillary refill in patients in physical management device

#### **8. Key Documentation Elements**

- 8.1. Etiology of agitated or violent behavior if known
- 8.2. Patient's medications, other medications or substances found on scene
- 8.3. Patient's medical history or other historic factors reported by patient, family, or bystanders
- 8.4. Physical evidence or history of trauma
- 8.5. Adequate oxygenation by pulse oximetry
- 8.6. Blood glucose measurement
- 8.7. Dose, route, and number of doses of pharmacologic management medications administered and response to Pharmacological management
- 8.8. Number and physical sites of placement of physical management devices
- 8.9. Duration of placement of physical management devices
- 8.10. Repeated assessment of airway patency
- 8.11. Repeated assessment of respiratory rate, effort, pulse oximetry/capnography
- 8.12. Repeated assessment of circulatory status with blood pressure, capillary refill, cardiac monitoring
- 8.13. Repeated assessment of mental status and trends in the level of patient cooperation
- 8.14. Repeated assessment of capillary refill in patient with extremity securing devices
- 8.15. Communications with EMS medical direction
- 8.16. Initiation and duration of engagement with law enforcement