



BEHAVIORAL EMERGENCY - COMBATIVE

Effective: January 1, 2021
Replaces: January 1, 2020
Review: January 1, 2023

1. BLS Treatment

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

2. ALS Treatment

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

3. Behavioral Sedation

- 3.1. The ONLY prescribed use of sedation is to reduce agitated or combative behavior that endangers the patient and/or the healthcare providers, when de-escalation efforts are unsuccessful
- 3.2. To be eligible for sedation the patient must also fit all the following criteria:
 - 3.2.1. 15 years of age or older
 - 3.2.2. Less than 65 years of age
 - 3.2.3. Patient does not have a suspected traumatic head injury or stroke
 - 3.2.4. Patient is presumed to not have a medical condition causing the agitation such as hypoglycemia or hypoxia
 - 3.2.5. If patient meets all the above criteria proceed to section 3.3
- 3.3. **Midazolam 5mg IM**
- 3.4. **BASE CONTACT**: if additional Midazolam above 5mg is needed
- 3.5. Upon pharmacological control of the patient's behavior
 - 3.5.1. Place patient supine and assess airway patency, suction as needed
 - 3.5.2. Restrain in a supine position **(700-S13)**
 - 3.5.3. **Oxygen** – titrate as appropriate if not already completed
 - 3.5.4. **Pulse Oximetry** if not already completed
 - 3.5.5. **Capnography**
 - 3.5.6. **Vascular Access (IV) TKO**



4. Excited Delirium

- 4.1. Patients meeting all the following criteria should be considered as excited delirium candidates. Immediate **BASE CONTACT** should be made for midazolam.
 - 4.1.1. 15 years of age or older
 - 4.1.2. Less than 65 years of age
 - 4.1.3. Patient does not have a suspected traumatic head injury or stroke
 - 4.1.4. Extreme agitation
 - 4.1.5. Pain tolerance
 - 4.1.6. Tactile hyperthermia
 - 4.1.7. Physical destructiveness
 - 4.1.8. De-escalation methods fail
 - 4.1.9. Violence toward inanimate objects
 - 4.1.10. Active physical restraint by law enforcement
 - 4.1.11. Endurance without apparent fatigue, unstoppable
- 4.2. **BASE CONTACT: Midazolam 10mg IM**
- 4.3. Upon pharmacological control of the patient's behavior
 - 4.3.1. Place patient supine and assess airway patency, suction as needed
 - 4.3.2. Restrain in a supine position **(700-S13)**
 - 4.3.3. **Oxygen** – titrate as appropriate if not already completed
 - 4.3.4. **Pulse Oximetry** if not already completed
 - 4.3.5. **Capnography**
 - 4.3.6. **Vascular Access (IV) TKO**
 - 4.3.7. Active cooling as needed