Treatment Protocols
Behavioral Emergencies - Pediatric

Date: 07/01/2023
Policy #9050P

Pediatric BLS Standing Orders

- **Universal Patient Protocol**
- **Oxygen** – PRN
- Blood glucose test
- Attempt to determine illness or mechanism, consider **Spinal Motion Restriction, Altered Mental Status**, and **Trauma** policies
- Restrain only if necessary, refer to **Patient Restraint Policy**
- TASER® probes are to be left in place, only remove if affecting airway or lifesaving treatment.
- Consider law enforcement support
- Consider 5150 evaluation
- Attempt verbal de-escalation primarily. If unsuccessful, consider physical and chemical restraints as needed and able based on patient and provider safety

Pediatric LALS Standing Order Protocol

- Establish IV PRN

Pediatric ALS Standing Orders

- Monitor EKG
- Establish IV/IO PRN
- Capnography PRN (required if patient receives midazolam)
- Obtain 12 Lead EKG if patient was tased, patient is unstable, or source of behavior change is unknown

Patients Exhibiting Severe Agitation

Midazolam per dosing chart. Max dose 5 mg IV/IN/IM **BH,** MR x1 q10 min **BHP**

- **Do not exceed 0.5 mL per nostril**

Pediatric Base Hospital Orders

- **Midazolam – Refer to Pediatric Medication Dosing Chart**
  - BHP - Refer to pediatric medication dosing chart – Max administration up to 5 mg IV/IN/IM BH. MR x 1 q10 min BHP for 2 doses
  - Monitor and anticipate respiratory depression with larger doses

Notes

- For pediatric patients or those with other medications, intoxicants, or medical sources for their agitation, consider administering midazolam in 1 mg or smaller increments, waiting at least 2 minutes between doses.
- IM is preferred route of administration due to risk of injury to patient or EMS personnel.
- Consult with **BH** prior to releasing patient in custody of law enforcement, or other legally responsible party. If a patient has received medication from EMS, the patient is NOT appropriate for release to custody.
- **If a patient received midazolam for agitation, they are not appropriate to AMA.**
- Be aware if patients are intoxicated, midazolam may suppress their respiratory drive, or cause total apnea and the patient may require respiratory support.
- It is always critical with behavioral emergencies to determine what potential medical cause could be contributing to the patient's behavior. Ensure clinical consideration (and evaluation) for intracranial bleeding or injury, low or high glucose, infection, medication overdoses, or other causes of altered mental status.

APPROVED:

Signature on File
Katherine Staats, M.D. FACEP
EMS Medical Director