

Treatment Protocols**Date: 02/01/2021*****Behavioral Emergencies - Pediatric*****Policy #9050P****Pediatric BLS Standing Orders**

- **Universal Patient Protocol**
- **Oxygen** – PRN
- Ensure patent airway, monitor O2 saturation
- EtCO2 monitoring as ALS available
- Blood glucose test – treat as indicated
- Attempt to determine illness, consider **Spinal Motion Restriction, Altered Neurologic Function, 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 life saving treatment.
- Consider law enforcement support
- Consider 5150 evaluation
- Attempt verbal deescalation 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

- Establish IO PRN
- Monitor continuous pulse oximetry and blood pressure PRN
- Monitor continuous EtCO2 and ECG PRN
- Obtain 12 Lead EKG if patient was tased, patient is unstable, or source of behavior change is unknown

Pediatric Base Hospital Orders

- **Midazolam** –
 - **0.1 mg/kg - IVP, typically in 2-3 mg doses** to a max of 10 mg. **BHP**
 - **0.2 mg/kg - IM** (2 mg increments) max of 10 mg. **BHP**
 - **0.2 mg/kg - IN** to a max of 4 mg. Do not exceed 0.5 mL per nostril. **BHP**

Note: IN or IM is preferred route of administration due to risk of injury to patient or EMS personnel

Note

- 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
- Be aware if patients are intoxicated, midazolam may suppress their respiratory drive, or cause total apnea and the patient may require respiratory support

APPROVED:

Signature on File

Katherine Staats, M.D.

EMS Medical Director