

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

- **Universal Patient Protocol**
- **Oxygen** – PRN
- Ensure patent airway, monitor O2 saturation
- EtCO2 monitoring if 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

**Adult LALS Standing Order Protocol**

- Establish IV PRN

**Adult ALS Standing Order Protocol**

- 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

**Patients Exhibiting Severe Agitation**

- Midazolam –
  - 0.1 mg/kg - IV to a max of 4 mg
  - 0.2 mg/kg - IM (2-3 mg increments) max of 10 mg
  - 0.2 mg/kg - IN to a max of 10 mg. Use alternate route for repeat doses of Midazolam.

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

**Adult Base Hospital Orders****Patients Exhibiting Severe Agitation**

- **BH** – Further midazolam doses

**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

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APPROVED:

Signature on File

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