

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: 03/08/12

SUBJECT: BEHAVIORAL EMERGENCIES

POLICY NUMBER: 9140

<p style="text-align: center;"><u>BLS</u></p>	<p style="text-align: center;"><u>ALS</u></p>
<p>Ensure patent airway, monitor O2 saturation prn, give oxygen and/or ventilate prn Nothing by mouth Attempt to determine if illness, injury, or drug use as cause Consider Altered Neurologic Function Policy # 9120 Restrian only if necessary to prevent injury (enlist support) No compression of chest and neck Restrain on side or supine (never prone or hog-tied) TASER® probes should be treated as impaled objects and not removed unless they are affecting the airway, may prevent life saving treatment or BH is consulted Consider law enforcement support (possible 5150)</p>	<p>Glucometer Monitor ECG/Monitor O2 Saturation prn SO Establish Saline lock/IV prn</p> <p><u>For Patients Exhibiting Severe Agitation:</u></p> <p>SO Midazolam 0.2mg/kg IM (2-3 mL increments) to a max of 10 mg; May repeat X 1 per BH.</p> <p><u>OR</u> SO Midazolam 0.2mg/kg IN to a max of 5 mg; May repeat X 1 per BH. <u>OR</u> SO Midazolam 0.1 mg/kg slow IVP to max 5 mg; May repeat X 1 per BH.</p> <p>Note: For severely agitated patients IN or IM Midazolam is the preferred route due to risk of injury to patient and/or to EMS personnel. Monitor BP and level of sedation every 5 minutes titrating to lowest dose possible. Maintain O2 saturation >94%. Monitor ECG on all patients who have been exposed to TASER® Non-lethal devises. Treat probes as contaminated sharps. If TASER® probe <u>wires</u> need to be removed to facilitate transport simply cut wires with trauma shears</p>

APPROVAL:



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