Information Needed

1. Suspected cause of agitated behavior.
2. If unknown, see altered mental status protocol for type of history and exam needed.
3. Methods used on patient by law enforcement, such as pepper spray, bean bag rounds, or taser.

Safety

1. Any potentially violent situation should have law enforcement on hand.
2. In any situation in which the patient becomes violent or potentially violent and resistant to talk-down efforts without law enforcement present, EMS personnel should retreat to a safe location and contact law enforcement for assistance.

Treatment

1. Assess scene for personnel safety. Law enforcement should be notified and present prior to EMS intervention.
2. Assess scene for information as to cause of agitation.
3. Approach patient without blocking exits or appearing threatening.
4. Obtain vital signs. If patient refuses to cooperate, consider additional assistance, such as family, friends or law enforcement.
5. At no time should EMS personnel attempt to physically restrain the patient without law enforcement actively involved.
6. <u>Cooperative Patient:</u>
   a. Obtain temperature and SpO_2 with vital signs.
   b. Get IV access and check glucose.
   c. Consider cardiac monitor for overdoses or heart disease.
   d. Begin transport. Consider taking a family member or a law officer with patient, if appropriate.
   e. Consider Haldol or Ativan for any escalation of agitation. Apply cardiac monitor if Haldol is given.
7. <u>Uncooperative Patient:</u>

   a. Forceful restraint and transport are only to be used in limited circumstances. See **Restraint Protocol** for conditions allowing such action.
   b. Law enforcement must be called to help restrain the patient for transport.
   c. Be certain there are sufficient personnel for take-down and application of restraints.
   d. Early chemical restraint is encouraged to facilitate a safer environment for both patient and EMS personnel. Haldol may be given with or without Ativan and may be mixed in the same syringe and given IM in a large muscle, preferably the Gluteus maximus.
   e. Monitor vital signs and apply oxygen.
   f. Cardiac monitor, watch for any prolongation of the QT interval.
   g. IV access obtained and check glucose
   h. Transport with law officer in ambulance
   i. Once pt is calm, restraints may be loosened, but not removed.
   j. Further doses of Haldol and Ativan can only be done in consultation with medical control.

Notes:

1. Patients under the influence of psychotropic drugs can suffer cardiac arrest during violent struggling. Chemical restraints can decrease this risk. Physical restraints and procedures that escalate struggling increase this risk.
2. Elderly patients with paranoid dementia can be very violent. Reduce doses of Haldol and Ativan by 50% and titrate to effectiveness.
3. Avoid Haldol in patients with signs of infection-induced delirium as in meningitis, encephalitis or sepsis. Ativan may be given.
4. Hypoglycemia and hypoxia are common causes of agitation.
5. If drug overdose, consider the risk of seizures and arrhythmias with multiple drugs. Consult Medical control.
6. While no definitive proof of a link has been shown, some studies seem to indicate that patients who have been tased have a higher risk for sudden death due to arrhythmia. When possible, these patients should have continuous cardiac monitoring.