3070 AGITATED/COMBATIVE PATIENT PROTOCOL

Patient is agitated and a danger to self or others
- Attempt to reasonably address patient concerns
- Assemble personnel

Assume the patient has a medical cause of agitation and treat reversible causes. Check BG (BMG), assess for trauma.

Does patient have signs of the Excited Delirium Syndrome?
- Yes
  - Excited Delirium Syndrome
    - These patients are truly out of control and have a life-threatening medical emergency they will have some or all of the following sx:
      - Paranoia, disorientation, hyper-aggression, hallucination, tachycardia, increased strength, hyperthermia
      - Give midazolam
      - Up to a total of 3 doses may be given as a standing order. Goal is rapid tranquilization in order to minimize time struggling
      - • Complete Restraint Protocol
  - No transport in hobble or prone position. Do not inhibit patient breathing, ventilations

- No
  - Patient does not respond to verbal de-escalation techniques
  - Restraint Protocol
    - Obtain IV access as soon as may be safely accomplished

Still significantly agitated?
- Yes
  - Consider Caue of Agitation:
    - Both benzodiazepines and butyrophenones (e.g. droperidol) are acceptable options for agitated patients. In certain clinical scenarios individual medications may be preferred
      - EIOH (butoyrophonene)
      - Sympathomimetic (benzo)
      - Psych (butoyrophonene)
      - Head injury (butoyrophonene)
  - Still significantly agitated?
    - • Repeat sedation dose
    - • If still significantly agitated 5 minutes after 2nd dose sedative, Contact Base

- No
  - Restraints
    - No transport in hobble or prone position. Do not inhibit patient breathing, ventilations

Still significantly agitated?
- Yes
  - • Repeat sedation dose
  - • If still significantly agitated 5 minutes after 2nd dose sedative, Contact Base

General Guideline:
- Emphasis should be placed on scene safety, appropriate use of restraints and aggressive treatment of the patient's agitation.

Consider Cause of Agitation:
- Sedate
  - • Consider cause of agitation
  - • Options: midazolam or butyrophenone