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

Still significantly agitated?

Patient does not respond to verbal de-escalation techniques

Restraint Guideline
Obtain IV access as soon as may be safely accomplished

Still significantly agitated?

Sedate
- Consider cause of agitation
- Options: midazolam and/or butyrophenone

Still significantly agitated?

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

Consider Cause of Agitation:
Both benzodiazepines and atropines (e.g., haloperidol) are acceptable options for agitated patients. In certain clinical scenarios individual medications may be preferred
- EtOH (butyrophenone)
- Sympathomimetic (benzo)
- Psych (butyrophenone)
- Head injury (butyrophenone)

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

Adult 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 Haldol 5mg IM
Give midazolam 5mg IM
Can repeat midazolam 5mg IM x1 in 5 minutes if patient still highly agitated

Reassess ABCs post sedation
High flow O2
Start 2 large bore IVs as soon as may be safely accomplished
Administer 2 liters NS or LR bolus

Start external cooling measures

Full cardiac, SpO2, EtCO2 (if available) monitoring and rapid transport

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EMS Take Downs / Law Enforcement Assistance

Purpose

A. Agitated and combative patients are a great concern for EMS provider safety.
B. Most EMS providers are ill prepared and trained to engage in physical take downs of combative patients.
C. For best effect, medications (haloperidol, midazolam) should be administered in the lateral thigh.
D. Haloperidol should only be administered once (5mg IM dose for adults).
E. Midazolam can be administered twice (5mg IM dose for adults) prior to base contact.
F. EMS has a main goal of patient care and protection, and they also have medications which can assist in the tranquilization of the patient AFTER they have been physically subdued.
G. Once patient has received medications, patient should be placed supine, never prone, and placed on high flow oxygen.
H. Cardiac monitoring and ETCO2 monitoring should be initiated as soon as feasible.
I. Law enforcement has much more training and tools to be available to be able to handle the combative patient.
J. Pediatric patients require base contact prior to medication administration.

Procedure

A. Law enforcement shall be contacted immediately if they are not already on scene whenever a patient is exhibiting potentially violent behavior.
B. Law enforcement shall be lead on any calls where the patient needs to be controlled by physical force on scene. Obviously this does not apply if this occurs during transport.
C. Once physical control of patient has been accomplished by law enforcement, EMS shall THEN follow the medication and restraint portions of the above guideline.
D. If the patient is VERY agitated, make sure Excited Delirium is considered.
E. CONTACT ON-LINE MEDICAL CONTROL FOR:
   a. If law enforcement is unavailable, EMS shall not put themselves in a position to perform acts they are not qualified to perform.
   b. If law enforcement is on scene but is unwilling to assist in gaining physical control of the patient.
   c. If law enforcement needs orders from a physician to place an M-1 and take patient into custody.