

Protocol 3-4

SECTION: Adult General Medical Emergencies

PROTOCOL TITLE: General – Behavioral/Patient Restraint

REVISED: 06/2017

BEHAVIORAL EMERGENCIES

OVERVIEW:

Psychiatric patients may have an illness that presents with symptoms such as delusions, hallucinations, depression, or significant trauma. The patient's symptoms demand immediate response as they may appear intense, raise the anxiety levels of those around the patient to an intolerable level, or create problems in the immediate environment. The patient may perceive their life to be at immediate risk, either from suicide or their current inability to make logical decisions. Remember that **personal safety takes priority over patient intervention**. Patient care should be focused with preventing / mitigating hyperthermia, agitated delirium, positional asphyxia, hypoxia, and physical harm.

HPI	Signs and Symptoms	Considerations
<ul style="list-style-type: none"> • Situational crisis • Psychiatric illness / medications • Injury to self or threats to others • Plan • History of suicide attempts • Substance abuse / overdose • Diabetes 	<ul style="list-style-type: none"> • Anxiety, agitation, and / or confusion • Affect change • Auditory and / or visual hallucinations • Delusional thoughts, bizarre behavior • Combative and / or violent • Expression of suicidal / homicidal thoughts 	<ul style="list-style-type: none"> • See <i>Unconscious / Syncope / AMS Patient Care Protocol</i> • Diabetic • Hypoxia • Stroke • Brain trauma • Alcohol intoxication • Toxin / substance abuse • Medication effect / overdose • Withdrawal Syndromes • Depression • Bipolar (manic-depressive), schizophrenia, anxiety disorders

BEHAVIORAL EMERGENCIES

	EMR	EMT	A	I	P
For Non-violent and Non-aggressive Patients:					
1. Scene safety is a priority. Maintain scene and provider safety. Request police if indicated.	•	•	•	•	•
2. Perform general patient management.	•	•	•	•	•
3. Develop rapport with the patient. Speak in a calm, non-judgmental / non-confrontational manner. Be aware of your own and the patient's posture, body language, and position.	•	•	•	•	•
4. Remove disturbing persons and / or objects from the environment.	•	•	•	•	•
5. Encourage the patient to sit, relax, and talk. Do not touch the patient without permission.	•	•	•	•	•
6. Transport and Reassess if indicated.		•	•	•	•

	EMR	EMT	A	I	P
For Violent or Aggressive Patients:					
1. Assure scene safety. Request Police department if needed. Do not engage patient without police unless benefits outweigh risks to patient and providers.	•	•	•	•	•
2. Perform general patient management.	•	•	•	•	•
3. Support life-threatening problems associated with airway, breathing, and circulation.	•	•	•	•	•
4. Assess for signs of trauma.	•	•	•	•	•
5. Administer oxygen to maintain <u>SPO₂</u> 94 - 99%	•	•	•	•	•
6. For altered mental status, perform rapid glucose determination.	•	•	•	•	•
7. Control environmental factors; attempt to move patient to a private area free of family and bystanders. MAINTAIN ESCAPE ROUTE.	•	•	•	•	•
8. Attempt de-escalation, utilize an empathetic approach. Ensure patient safety and comfort. AVOID CONFRONTATION.	•	•	•	•	•
9. Ensure patient capacity to make decisions. If patient has capacity, consent to treat is required. If patient lacks capacity, consent to treat is not required.	•	•	•	•	•
10. Physically restrain. Refer to <u>Clinical Procedures: Patient Restraint</u> .	•	•	•	•	•
11. Chemical Restraint:					
a. If chemical agitation or alcohol withdrawal is suspected, refer to the appropriate <i>Medical – Overdose/Poisoning</i> protocol.	•	•	•	•	•

	EMR	EMT	A	I	P
b. If behavioral or alcohol related agitation is suspected, give <u>MIDAZOLAM</u> 0.1 mg / kg IV / IM (max single dose of 5 mg). If midazolam is unavailable, administer <u>DIAZEPAM</u> 0.25 mg / kg IV / IM (max single dose of 5 mg or a max dose of 10 mg). Contact Medical Control for repeat dosing.				•	•
c. In adult patients, if behavioral or alcohol related agitation continues or escalates, give <u>GEODON</u> 20 mg IM if greater than 50 kg weight (10 mg IM if weight less than 50 kg).				•	•
12. Transport as soon as possible.		•	•	•	•

PEARLS:

1. Do not leave patient alone once patient contact has been made unless your safety has been compromised. Your safety is the primary concern. If necessary, leave equipment on scene.
2. Every suicide act, gesture, or verbal threat must be taken seriously. In the Commonwealth of Virginia, patients are unable to refuse care under these circumstances and shall be placed in emergency custody as needed with police assistance, VA Code 37.2-808.
3. Always have police search patient for weapons or items that could be used as weapons prior to placing patient in ambulance. Patient belongings that are secured should be transported in the front of the ambulance, or an outside compartment, for safety and given to hospital staff on arrival.
4. If a patient must be transported using handcuffs or police flexible wrist restraints, a police officer should ride in the ambulance with the patient to the receiving hospital.

Protocol

3-4

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BEHAVIORAL EMERGENCIES

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