A. Obtain relevant history:
   1. Previous psychiatric hospitalization, when and where?
   2. Where does patient receive psychiatric care?
   3. What medications does that patient take (include prescription, over-the-counter, illicit drugs and alcohol use)?

B. Calm the patient

C. Evaluate the patient’s general appearance and vital signs

D. EMS Providers must remember that aggressive, violent behavior may be a symptom of medical conditions such as, but not limited to:
   1. Head trauma
   2. Alcohol / drug related issues
   3. Metabolic disorders (i.e., hypoglycemia, hypoxia, etc)
   4. Psychiatric / Stress-related disorders

E. Contact Medical Control and advise of patient condition

F. Transport patient to appropriate facility
   1. Pregnant psychiatric patients of any age shall be transported to an obstetrics-capable hospital.
   2. Non-pregnant pediatric (under 18 years) psychiatric patients shall be transported to a pediatric psychiatric capable hospital (i.e. Akron Children’s Hospital)
   3. If exceptions need to be made consult online medical control.

G. Contact law enforcement for assistance with violent patients

NOTE: RESTRAINTS (physical and chemical) MAY BE USED TO PROTECT THE PATIENT, RESPONDERS AND BYSTANDERS.

H. All patients who are not making rational decisions should be transported for medical evaluation. See Transport Policy.
   1. Threats of suicide; overdose of medication, drugs or alcohol; and/or threats to the health and well-being of others are NOT considered rational.
A. An important consideration for EMS in the pre-hospital management of the extremely combative patient is the condition known as Excited Delirium. These patients are generally extremely agitated and present with bizarre and potentially violent behavior.
   1. A stereotypical case would be the middle-aged male who, after stripping naked, is a bloody mess from breaking out all of the windows in his house and is now running through traffic or wandering aimlessly in an unusual location.

B. Law enforcement officers are often called upon to confront and control these patients and some of them may fall victim to a phenomenon known as sudden, unexpected, in-custody death. Many standard law enforcement techniques have taken the blame for these deaths over the years, including pepper spray, prone positioning post-restraint, and most recently, the TASER.

C. The components of Excited Delirium are:
   1. Bizarre behavior
   2. Nonsensical speech
   3. Constant motion
   4. Paranoia
   5. Attraction to shiny objects / lights / glass
   6. Superhuman strength
   7. Decreased pain sensation
   8. Hyperthermia

D. It is not unusual for an Excited Delirium patient, once they are subdued, to exhibit difficulty breathing, hyperthermia, unresponsiveness, or other signs and symptoms of a medical emergency. Without prompt intervention and treatment, a certain number of these patients may progress to sudden, unexpected, in-custody death.

E. The current explanatory theories behind these deaths and the things EMS providers need to be aware of are:
   1. Underlying Health Problems - put the patient at an increased risk of sudden death after such extreme exertion.
   2. Illicit Stimulant Intoxication - Long term abuse and/or severe overdose of illicit stimulants such as cocaine or methamphetamine seem to predispose the patient to Excited Delirium-type behavior and can lead to metabolic acidosis.
   3. Metabolic Acidosis - These patients tend to be functioning at a very high metabolic state. This can cause an unsurvivable metabolic acidosis.
   4. Hyperpyrexia - These patients tend to have an elevated body temperature.
   5. Psychiatric Illness - Certain psychiatric illnesses or conditions can lead to a hyper manic state and again cause metabolic acidosis.
6. Ventilation Problems - The primary means by which the body corrects metabolic acidosis is through ventilation. It is debatable, but many believe that certain restraint devices or positions limit adequate ventilation and may exacerbate metabolic acidosis.

TREATMENT

A. Patients who are in a state of Excited Delirium are at risk for sudden death and require medical intervention. Be prepared to support ventilation and resuscitate. If the patient requires further sedation, know that physical restraint alone can intensify the patient’s condition.

B. Patients who are potentially in a state of Excited Delirium should be transported expediently to an ED for evaluation and treatment by a physician.

Paramedic

A. For adult patients with profound agitation that poses a risk to the patient and providers. Administer Ketamine 4mg/kg IM or 2mg/kg IV if available.
   a. It is prudent to back away after ketamine has been administered for several minutes until the medication has taken effect.
   b. Be prepared to suction the airway and/or assist with ventilation with BVM

RESTRAINTS

Basic & Advanced EMT

A. Soft restraints are to be used only when necessary in situations where the patient is potentially violent and may be of danger to themselves or others.

B. Patient health care management remains the responsibility of the EMS provider. The method of restraint shall not restrict the adequate monitoring of vital signs, the ability to protect the patient’s airway, compromise peripheral neurovascular status or otherwise prevent appropriate and necessary therapeutic measures.

   It is recognized that the evaluation of many patient parameters requires patient cooperation and thus may be difficult or impossible to complete.

C. All restraints should have the ability to be quickly released, if necessary.

D. Restraints applied by law enforcement (i.e., handcuffs) require a law enforcement officer to remain with patient to adjust the restraints as necessary for the patient’s safety. This policy is not intended to negate the need for law enforcement personnel to use appropriate restraint equipment to establish scene control.

E. Patients shall not be transported in a prone position to ensure adequate respiratory and circulatory monitoring and management.
F. Restrained extremities should be monitored for color, nerve function, and motor function, pulse quality and capillary refill at the time of restraint application and every 10 minutes thereafter.

G. Restraint documentation on the Patient Care Report shall include:
   a. Reason for the restraint
   b. Agency responsible for restraint application (i.e., EMS, police)
   c. Documentation of cardiorespiratory status and peripheral neurovascular status at least every 10 minutes.

A. Chemical restraint may be used in conjunction with physical restraints in controlling the violent / agitated patient so as to minimize the risk of injury to themselves and/or others.

B. Try to determine if the patient's behavior is due to psychiatric emergency, drug / alcohol intoxication or head injury.

C. Attempt to determine the patient's allergies. Administer midazolam (Versed) 4 mg IM using 2 mg/ml concentration or 2 mg slow IVP using 2 mg/ml concentration or 5 mg IN using 5 mg/ml concentration

   IMPERATIVE THAT CORRECT CONCENTRATION USED FOR ROUTE CHOSEN

D. All patients requiring any form of restraints – physical or chemical – must have vital signs, respiratory status and level of consciousness monitored and documented every 10 minutes.

E. Apply cardiac monitor and pulse oximeter if able.

A. If psychiatric emergency present and patient remains agitated:
   1. Administer Ketamine 2mg/kg IM or 1mg/kg IV if available.
   2. Suspected Excited Delirium administer Ketamine 4mg/kg IM or 2mg/kg IV if available.
      a. It is prudent to back away after ketamine has been administered for several minutes until the medication has taken effect.
      b. Be prepared to suction the airway and/or assist with ventilation with BVM
A. The Taser device is designed to transmit electrical impulses that temporarily disrupt the body’s central nervous system. Its Electro-Muscular Disruption (EMD) technology causes an uncontrollable contraction of the muscle tissue, allowing the taser to physically debilitate a person, typically regardless of pain tolerance or mental focus.

B. Assessment of a patient who has been “hit” with a taser shall include evaluating:
   1. Possible underlying medical condition for aggressive / agitated behavior (e.g. hypoglycemia, hypoxia, etc.)
   2. For the presence of any injuries sustained after being tasered
   3. Any injuries from the taser barb

C. Be aware of and suspect injury in the following at risk patients:
   1. Patients exhibiting Excited Delirium
   2. The elderly
   3. Pregnant patients
   4. Patients with known heart disease, pacemaker, and/or AICD

D. Be aware of and suspect injury with high risk barb strikes to the following areas:
   1. Eye
   2. Open mouth
   3. Neck
   4. Genitals
   5. Large blood vessels in the groin

TREATMENT

A. Tasered patients do not necessarily require transport. Those that should be transported are:
   1. Patients from the at risk group
   2. Patients with a high risk barb strike
   3. Patients with significant, underlying, predisposing medical condition
   4. Patients who sustained a significant injury after being tasered
   5. If unable to remove barb
   6. Advanced EMTs and Paramedics should apply the cardiac monitor and obtain rhythm strip for patients with irregular pulse, elderly, cardiac disease history and/or Excited Delirium

B. Treatment for patients that require transport includes:
   1. Medical attention for their specific condition(s)
   2. Remove barb and bandage sites
   3. Refer to Psychiatric Emergencies Protocol as indicated for restraints
   4. Cardiac monitor (Advanced EMT and Paramedic)
   5. Transport

C. Treatment for patients not requiring transport includes:
   1. Remove barb and bandage sites
   2. Tetanus immunization inquiry and recommendation - If last tetanus immunization was more than 10 years ago, patient should receive another immunization within 2-3 days
   3. Appropriate documentation of assessment and treatment on Patient Care Report and release of patient to the custody of the specific law enforcement agency
ABDOMINAL PAIN / NAUSEA VOMITING

BEHAVIORAL EMERGENCIES

- Assess and manage ABC’s
- Obtain relevant history
  - Previous psych hospitalization?
  - Where patient receives psych care?
  - What medications does the patient take?
- Evaluate patient condition
- Monitor vital signs
- Hypoperfusion (BP < 100 systolic)
- Reassure patient
- Transport patient to appropriate facility
- Contact law enforcement for assistance with violent patients
- Consider use of restraints – see restraint protocol
- All patients who are not making rational decisions should be transported for medical evaluation (i.e., threat of suicide, overdose, drugs or alcohol, and threats to the health or well-being of others)

- If chemical restraint needed: administer **midazolam** (versed) 4 mg IM or 2 mg IV or 5 mg IN
- Apply cardiac monitor and pulse oximeter if able

- If psychiatric emergency present: administer **ketamine** 2mg/kg IM or 1mg/kg IV
- If excited delirium signs and symptoms present administer **ketamine** 4mg/kg IM or 2mg IV (if IV access available)

**EXCITED DELIRIUM:**

- The components of excited delirium are:
  - Bizarre behavior
  - Nonsensical speech
  - Constant motion
  - Paranoia
  - Attraction to shiny objects / lights
  - Superhuman strength
  - Decreased pain sensation
  - Hyperthermia

- Patients who are in a state of excited delirium are at risk for sudden death and require medical intervention. Be prepared to support ventilation and resuscitate. If the patient requires further sedation, know that physical restraint alone can intensify the patient’s condition.

- Patients who are potentially in a state of excited delirium should be transported expeditiously to an ED for evaluation and treatment by a physician.