



MIAMI TOWNSHIP FIRE & EMS CLERMONT COUNTY, OHIO *MEDICAL PROTOCOLS*



BEHAVIORAL EMERGENCY

Definition

1. When the patient acts abnormally in a way that is unacceptable or intolerable to the patient, family, or community.

Historical Findings

1. Patient manifesting unusual behavior including violence, aggression, delirium, altered affect, or psychosis.
2. Behavioral changes may be due to psychological, emotional, or physical conditions.

Psychological Findings

1. Psychological causes include depression, mania, paranoia, suicidal, and environmental changes.

Physical Findings

1. Physical causes may include excessive heat or cold, lack of oxygen, lack of blood flow to the brain, head injuries, stroke, alcohol or drug abuse, high or low blood sugar, metabolic disorders, and neurological disease.
2. Patient demonstrates behavior including violence, aggression, delirium, altered affect, or psychosis.
3. If obtainable, test glucose utilizing Rapid Glucose Assay Procedure with treatment as per the hypoglycemia protocol, (if assessment cannot be obtained prior to physical restraint, then measurement should occur after patient is restrained whenever safe and feasible to do so).
4. If obtainable, systolic blood pressure ≥ 90 mmHg and ≤ 180 mmHg (if assessment cannot be obtained prior to physical restraint, then measurement should occur after patient is restrained whenever safe and feasible to do so).



MIAMI TOWNSHIP FIRE & EMS CLERMONT COUNTY, OHIO *MEDICAL PROTOCOLS*



5. If obtainable, heart rate > 50 beats/minute (if assessment cannot be obtained prior to physical restraint, then measurement should occur after patient is restrained whenever safe and feasible to do so).

Differential Diagnosis

- | | |
|---|------------------------------------|
| 1. Shock | 9. Seizure |
| 2. Cerebrovascular accident | 10. Head trauma |
| 3. Drug / alcohol intoxication | 11. Electrolyte imbalance |
| 4. Infection (i.e. meningitis/encephalitis) | 12. Anemia |
| 5. Toxicological ingestion | 13. Myocardial ischemia/infarction |
| 6. Hypoxia | 14. Pulmonary embolism |
| 7. Hypertension | 15. Dysrhythmias |
| 8. Hypoglycemia | 16. Metabolic disorders |

Interventions

1. Make the scene safe. Law enforcement should be used as needed to determine scene safety.
2. Never turn your back nor leave the patient alone.
3. Look for a possible cause.
 - A. Assess and treat hypoglycemia per protocol.
4. Encourage the patient to talk. Listen carefully.
5. Be confident, respectful, calm and honest.
6. Explain all movements and procedures.
7. Provide interventions for possible medical causes.
8. Transport to an appropriate facility.
9. Use the restraint protocol as needed.



MIAMI TOWNSHIP FIRE & EMS CLERMONT COUNTY, OHIO *MEDICAL PROTOCOLS*



Restraint Protocol

1. A patient should be gently and cautiously persuaded to follow EMS personnel's instructions. If a patient does not comply, forcible restraint should be utilized with the assistance of police personnel. *Police personnel must be present in any circumstance where a patient is restrained against their will.* (Forcible restraint should be employed only if police personnel are willing to authorize involuntary patient restraint). Four to six individuals should be available during the restraint process.
2. A patient should be restrained and transported in a supine position. If it is necessary to restrain a patient in the prone position, then the patient should be returned to the supine position as soon as possible.
3. Position patient in a manner such that no injury can be inflicted to self or EMS providers. Physical barriers should be employed to avoid any health care provider exposure to bodily fluids.
4. A patient normally should not be restrained in the prone position during transport. If for some reason this appears necessary, contact Medical Command for physician direction.
5. A patient restrained in the supine position must be assessed every 10 minutes during transport. The patient assessment must include vital signs, oxygen saturation and a neurological examination (including Glasgow Coma Score, level of consciousness, orientation, and any delusional or abusive behavior). These assessments and the type(s) of restraint(s) applied to the patient should be clearly documented on the patient's chart.
6. A patient who continues to be a danger to themselves or others despite restraints or those who present an extreme danger while attempting to be restrained may be chemically restrained as follows:
 - A. If possible initiate IV access with a saline lock or 0.9 % normal saline:
 - i. Administer midazolam (versed) 2 mg IV titrated up to 6 mg to calm the patient.
 - B. If IV access is unavailable:
 - i. Administer midazolam (versed) 5 mg IM/IN.
 - C. When utilizing midazolam (versed) be cognizant of respiratory depression.



MIAMI TOWNSHIP FIRE & EMS CLERMONT COUNTY, OHIO *MEDICAL PROTOCOLS*



- D. All patients should receive supplemental oxygen and be placed on pulse oximetry and cardiac monitoring if midazolam (versed) is administered.
 - E. The goal of chemical restraint is to safely manage the patient without injuring the patient or the care-providers. Physical restraints should be utilized with chemical restraint utilizing the above assessments. At no time will a chemically restrained patient be left unattended.
 - F. ALL chemically restrained patients shall be transported in an ALS unit.
 - G. A report should be provided to the receiving emergency department prior to arrival detailing the patient's current mental status as well as current restraint status.
7. Assess and treat possible hypoglycemia or drug overdoses per protocol.
 8. A patient may be transported in a police vehicle if they demonstrate the following: normal orientation to person, place, and situation; intact ability to reason; normal vital signs; no evidence of medical illness or injury; and patient has exhibited behavior consistent with mental illness.
 9. A patient may be transported by BLS ambulance if they demonstrate the following: normal orientation to person, place, and situation; intact ability to reason; normal vital signs; presence of medical illness or injury that would otherwise require BLS transport only; and patient has exhibited behavior consistent with mental illness.
 10. A patient should be transported by ALS ambulance if they demonstrate disorientation to person, place, or situation; have abnormal vital signs; or any condition considered to potentially require an advanced level of care.