

# **SEDATION FOR THE EXTREMELY**

## **AGITATED PATIENT** **SPECIAL SITUATIONS**

### **NOTE:**

- 1. Primary consideration should be given to EMS provider safety.**
- 2. Notify police. Approach patient only when safe to do so.**
- 3. Talk in an even, reassuring tone; only one provider should speak.**
- 4. Restrain as needed if patient has a life-threatening emergency or suicidal/homicidal behavior. (see Region 6 Restraint Care Guideline)**
- 5. Patient must be 14 years of age or older.**

### **CRITERIA:** Any may be present

1. Extreme psychological and physiological excitement/agitation
2. Aggressive or hostile combative behavior marked by incoherence
3. Superhuman strength with near complete tolerance to pain
4. Impaired thinking and perception, paranoia
5. Relative inability to “talk down”

### **TREATMENT:**

1. Initial Medical Care. Sedate patient as necessary (as per #5 or #6 below) based on patient’s presentation and potential for self-harm. Contact medical control prior to sedation if questions/concerns exist regarding care.
  2. Airway and OXYGEN 15 L NRB.
  3. Assessment and history:
    - a. Look for medical or traumatic causes of the patient’s behavior.
    - b. Note (and later document) behavior and mental status in detail.
    - c. Obtain medical history, alcohol and psychiatric history if able.
  4. IV of NS or saline lock if able.
  5. Administer KETAMINE 5 mg/kg IM or 1.5 mg/kg IV.
  6. Alternative chemical sedative: VERSED 0.05mg/kg IVP Q3-5 minutes up to a total of 3 doses as needed or maximum 10mg.
  7. Treat any potential allergic complications as per Region 6 “Allergic Reaction” protocol. Manage airway as necessary.
  8. Determine blood glucose.
  9. If glucose <60 mg/dl, administer DEXTROSE 50% 25g IV. If no IV access, administer GLUCAGON 1 mg IM.
  10. If history of alcoholism or alcoholism is suspected, administer THIAMINE 100 mg IV/IM.
  11. Transport. If restrained, have police accompany patient.
  12. Contact Medical Control.
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