

RX-03
SEDATION/
CHEMICAL RESTRAINT

First Responder
EMT
AEMT
Paramedic

- Maintain scene and personal safety
- Law enforcement assistance should be requested on all calls involving potentially violent patients.
- If sedation potentially needed for Severe Agitation/Delirium
 - Attempt to De-escalate the behavior
 - Temporary Physical Restraint [P-03] if needed

Severe Agitation/
Delirium

P-01

Moderate to Severe Agitation

(For patients who are a serious threat to EMS personnel or themselves)

	Intramuscular (IM)	Intravascular (IV/IO)	
P	Ketamine 400-500 mg IM	Ketamine 100-200 mg IV/IO	<ul style="list-style-type: none"> • Repeat: every 10 min • Consider half dose in elderly or smaller patients • Contact online medical control for any question of indication or dosage, or if additional/alternative meds may be beneficial
	Adult WB: 4-5 mg/kg IM	Adult WB: 1-2 mg/kg IM	
	Peds: ONLY per Online Medical Control		

For Moderate Agitation or Painful Procedures

(Cardioversion/pacing, post-intubation, etc. as specifically noted in the guidelines)

	Versed (midazolam)	or	Ativan (lorazepam)	or	Valium (diazepam)
P	1-2 mg IV/IO 2-5 mg IN/IM		1-2 mg IV/IO, 2 mg IN/IM		2-5 mg IV/IO 5 mg IM
	Peds: per Med Control		Peds: per Med Control		Peds: per Med Control
	Repeat: every 10 min Max: 10 mg		Repeat: every 10 min Max: 2 doses		Repeat: every 10 min Max: 2 doses



- **Must** contact medical control for permission to use sedating medications with narcotics → **except for ketamine** if utilized per the Pain Management protocol [RX-02]
- **Capnography** (as well as continuous pulse oximetry & ECG) **should always be used** unless it poses a danger to the patient or crew

INDICATIONS:

For the treatment of:

- Acute agitation/delirium and extreme combativeness (psychosis, overdose/substance abuse, etc.)
- Continued sedation for patients post-intubation
- Sedation for painful procedures (cardioversion/pacing, extrication, splinting, etc). **NOTE: Use ketamine dosing under the Pain Management Guideline [RX-03] for procedures.**

ALWAYS CONSIDER:

Safety is of utmost importance

- Always assess the scene, and
- Involve law enforcement before approaching if there is any concern of personal safety

Consider medical causes of AMS:

- Hypoxia
- Head injury, Stroke, Seizure/postictal
- Metabolic disorders (e.g. hypoglycemia)

Post-Resistance Syndrome [PRS] → see Severe Agitation/Delirium [P-01]

- Combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent behavior, and hyperthermia
- Potentially life-threatening emergency
- Associated with the use of physical control measures (restraints, TASER, etc).
- Most common in males with a history of serious mental illness and/or drug abuse.

De-escalation Techniques:

- Direct empathetic and calm voice
- Present clear limits and options
- Respect personal space
- Avoid direct eye contact
- Non-confrontational posture
- Dim lights and limit noise

SAFER Technique:

- **S**tabilize the situation (lower/limit stimuli)
- **A**ssess and acknowledge the crisis
- **F**acilitate the identification/activation of resources (family, friends, police, etc.)
- **E**ncourage patient to use resources and take actions in his/her best interest
- **R**ecovery/referral → leave patient in care of responsible person/facility

RX-03 SEDATION/ CHEMICAL RESTRAINT		
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NOTES on Chemical Restraint:

- Medical (chemical) restraint should be attempted as soon as reasonably possible if:
 - The patient does not respond to de-escalation techniques/basic physical restraints AND he/she presents a risk of significant harm to the themselves, law enforcement, and/or EMS providers
 - OR if physical restraints would impede medical care
- Obtain as much history from the family/bystanders and law enforcement.
- Search/document for clues as to the cause of the behavior (drug paraphernalia, medication bottles, etc.).
- Chemical restraint is to be used only where the patient can be adequately and repeatedly monitored by paramedic providers.

QI Review Parameters:

1.