

- 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 (*see below*)
 - Temporary Physical Restraint [P-03] if needed

**Severe Agitation/
Delirium**
P-01

Determine Sedation Assessment Tool (SAT) Score:

	+3	+2	+1	0
Responsiveness	Combative , violent, out of control	Very anxious and agitated	Anxious & restless	Responds easily to name
Speech	Continual loud outbursts	Loud outbursts	Speaks in normal tone	Speaks in normal tone
General Treatment	Ketamine	Benzodiazepine (+/- analgesia)	Low-dose Benzodiazepine	None

+3	+2	+1
Severe Agitation <i>(below)</i>	Moderate Agitation <i>(below)</i>	Mild Agitation <i>(below)</i>

SAT = 3: 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 5-10 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	Adult WB: 1-2 mg/kg	
	Peds: ONLY per Online Medical Control		

SAT = 2: Moderate Agitation

First line is generally a benzodiazepine:

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

Then, consider if agitation may be related to PAIN:

P	Ketamine 50-100 mg IV/IO	or	Fentanyl 25-100 mcg IV/IO 50-100 IM or IN
	Adult WB: 0.5-1 mg/kg		Adult WB: 0.5-1 mg/kg
	Peds: per Med Control		Peds: per Med Control

- Repeat: every 5-10 min if SAT 2 (or more)

SAT = 1: Mild Agitation or Anxiety

First, attempt to **De-escalate** or Calm the Patient (*see below*)

Then, consider a **low-dose benzodiazepine**:

P	Versed (midazolam) 0.5-1 mg IV/IO 1-2 mg IN/IM	or	Ativan (lorazepam) 0.5-1 mg IV/IO, 1 mg IN/IM	or	Valium (diazepam) 1-2 mg IV/IO 2 mg IM
	Peds: per Med Control		Peds: per Med Control		Peds: per Med Control
	Max: 10 mg		Max: 2 doses		Max: 2 doses

- Repeat: every 5-10 min if SAT 1 (or more)

Administration Notes:

- Consider a **HALF-DOSE in elderly** or smaller patients.
- **Continuous pulse oximetry, continuous end-tidal CO₂ (ETCO₂) monitoring and continuous ECG (heart rate) monitoring must be used and documented** (unless they pose a safety risk to the patient or EMS personnel).
- Contact Online Medical Control for any question of indication or dosage, or if additional/alternative meds may be beneficial.

INDICATIONS:

For the treatment of:

- Acute agitation/delirium and extreme combativeness (psychosis, overdose/substance abuse, etc.)
- Continued sedation for patients post-intubation

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

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. {TBD}