BEHAVIORAL EMERGENCIES/PATIENT RESTRAINT

Assure scene safety. Do not engage patient unless risk of harm is minimized by law enforcement.

Implement **SAFER** mnemonic:

- **S**tabilize the situation by containing and lowering the stimuli.
- **A**ssess and acknowledge the crisis.
- **F**acilitate the identification and activation of resources.
- **E**ncourage patient to use resources and take actions in his/her best interest.
- **R**ecovery or referral – leave patient in care of responsible person or professional.

A. Perform **Initial Treatment/Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.

B. For altered mental status, perform rapid glucose determination.

C. Control environmental factors; attempt to move patient to a private area free of family and bystanders. **MAINTAIN ESCAPE ROUTE**.

D. Attempt de-escalation; utilize an empathetic approach. Ensure patient safety and comfort. **AVOID CONFRONTATION**.

E. **Physical Restraint:** (Commercially available soft restraints are acceptable.)

1. Consider restraining patient, as needed, to protect life or prevent injury **per Medical Command Physician (MCP) order** with the following considerations:

   a. Restrain patient in the supine position or left lateral recumbent position only.

   b. Ensure method of restraint does not affect breathing or circulation.

   c. Use the least restrictive or invasive method of restraint which will protect the patient and others. In many instances, full restraints will be appropriate to ensure patient and provider safety during transport.

2. Continually monitor the restrained patient's airway, circulatory, respiratory, and mental status frequently.

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F. **Chemical Restraint - Behavioral:**

1. If psychotic/behavioral agitation is suspected, administer **Midazolam (Versed®)** 5 mg IV, IM or IN.

NOTE: Midazolam may not be tolerated well in patients over 55 years of age. Doses should be initiated low and repeated as needed. Administration of these medications in patients > 55 years of age shall be as follows:

Midazolam (Versed®) 2 mg IV/IM or 5 mg (IN) via atomizer.

2. If patient remains agitated or aggressive in five (5) minutes, administer **Haloperidol (Haldol®)** 5 mg IM.

3. If dystonic reaction (dyskinesia) is noted secondary to **Haloperidol (Haldol®)** administer **Diphenhydramine (Benadryl®)** 25 mg IV or IM.

G. **Chemical Restraint – Excited Delirium:**

OPTIONAL: If psychotic/behavioral extreme excited delirium is suspected, administer Ketamine 5 mg/kg IM to a max single dose of 320 mg.

-OR-

If IV/IO already in place, 2 mg/kg IV/IO to a max single dose of 200 mg **PER Medical Command Physician (MCP) order.**

(Video laryngoscope is required equipment for any agency administering Ketamine in the setting of behavioral emergencies.)

NOTE: If suspected or known presence of benzodiazepines in patient, consider half dose to minimize respiratory depression.

H. Transport as soon as possible.

K. If patient is medically stable, in **consultation with Medical Command**, consider transporting to a facility with advanced psychiatric care capability.