

Behavioral Violent/Threatening Administrative Guideline



History <ul style="list-style-type: none"> • Past medical history • Pertinent medication history • Compliance with medications • Recent exacerbating factor(s) • Petitioned or court ordered • Collateral information • Substance abuse history 	Signs and Symptoms <ul style="list-style-type: none"> • Statements of suicidal/homicidal thoughts/ actions • Agitated/violent behavior • Exhibiting behaviors that can be deemed dangerous to self or others • Acute psychological complaint 	Differential <ul style="list-style-type: none"> • Altered mental status related to drug usage • Trauma • Hypoglycemia/Hyperglycemia • Infection/Fever
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B	Attempt verbal reassurance and calm patient Engage friends or family if they are able to help calm patient
Follow agency SOP for physical restraint	

P	Administer midazolam , per dosing regimen below. <i>Use caution when patient at risk for hypotension or respiratory depression, as midazolam administration will depress blood pressure and respiratory rate.</i> For patients ≤ 8 yrs , contact Medical Direction for orders. For patients >65 and <14 yrs , halve the initial and max doses.
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Violent or threatening behavior that is dangerous to self or others.
Not for trauma patients

Agitation that interferes with ability to provide necessary patient care

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Use great caution with the use of midazolam in patients with trauma and potential head injury. Use only the **Agitation** dose if absolutely necessary.

B	Obtain full set of vital signs once able (including initial temperature when available) O ₂ to maintain sat ≥ 94%
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P	IV/IO access once able to safely obtain Apply cardiac monitor and EtCO ₂ as soon as possible if sedation is administered. Consider 12-lead ECG
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B	Reassess and document mental status and vital signs every 5 minutes and neurovascular status of all extremities every 15 minutes (if physically restrained).
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Education/Pearls

Behavioral patients provide a unique challenge and possible danger to the healthcare provider. These patients often lose their ability to make medical decisions. Patients with mental health disorders often have co-existing medical conditions.

Combative patients with traumatic injury/TBI present a uniquely challenging scenario. The provider must consider the risks of causing hypotension by providing chemical sedation only when absolutely necessary.

- Security is essential:
 - Always be sure to protect yourself and others.
 - Patients who verbalize a danger to self or others may NOT refuse care.
 - Attempt to protect patient from injury, but do not place yourself in danger to do so.
 - Summon law enforcement as necessary.
- Restraints should only be used if necessary.
 - Physical Restraint:
 - Handcuffs are to be placed by law enforcement only. If law enforcement places handcuffs, the key must be within proximity of patient care at all times (but not within patient's reach).
 - Place stretcher in the sitting position.
 - Do not apply restraints that restrict the patient's chest wall movement.
 - Do not place the patient prone.
 - Pearls for extremity restraint:
 - Restrain all four extremities to stationary frame of stretcher
 - All restraints must allow quick release
 - Reassess and document neurovascular status of all extremities every 15 minutes
 - Chemical Restraint:
 - Utilize with caution, as all restraint medications can cause respiratory compromise
 - Should be a later consideration for pediatric patients
 - EtCO₂ should be used for all patients who receive chemical sedation.
 - A request by law enforcement for sedation does not justify initiating chemical sedation.
- Patients with severe agitation have a propensity to develop severe acidemia with progression to sudden cardiac arrest, which is why safe positioning, prompt sedation, and thorough medical evaluation are necessary for prehospital treatment.
- Apply cardiac monitor and obtain vital signs as soon as possible, particularly when chemical restraints have been administered. Reassess VS every 5 minutes and document patient status, response, and monitor airway.