



Treatment Protocol		4603
Effective April 1, 2018	Expires March 31, 2019	
Policy: Behavioral Emergency with Suspected Ex . . .	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: PSP, EMT, AEMT, PM, MICN, BHP, EMS System	Approval: REMSA Director Bruce Barton	Signed

Enter from the Universal Patient Treatment Protocol
 For specific Emergency Stabilization or Patient Management of Behavioral . . . with Suspected Excited Delirium

P S P	E M T	A E M T	P M
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Pertinent Findings

Environment <i>Typically Male Patient</i> <i>Bizarre Behavior</i> <i>Removing Clothing</i> <i>Agitation</i> <i>Non-compliant</i> <i>Combative</i> <i>Danger to Self or Others</i> <i>Drug Use / Paraphernalia</i>	History <i>Stimulant Drug Use:</i> <i>Cocaine</i> <i>Methamphetamine</i> <i>Psychoactive "bath salts" (PABS)</i> <i>Use of Hallucinogens:</i> <i>Dextromethorphan</i> <i>Diphenhydramine</i> <i>Ketamine</i> <i>LSD</i> <i>Mescaline</i> <i>PCP</i> <i>and other substances</i> <i>Psychiatric Disorder</i> <i>Noncompliant with Medication</i> <i>Tasered</i> <i>Prescribed Anti-Cholinergics:</i> <i>Atrovent, Spiriva, etc.</i>	Physical <i>Agitation</i> <i>Bizarre and Destructive Behavior</i> <i>Increased Strength and Pain Tolerance</i> <i>Tachypnea and Tachycardia</i> <i>Sweating</i> <i>Hyperthermia</i> <i>Hypertension</i>	Differential <i>Alcohol</i> <i>Epilepsy</i> <i>Insulin</i> <i>Overdose</i> <i>Uremia</i> <i>Trauma</i> <i>Temperature</i> <i>Infection</i> <i>Psychosis</i> <i>Stroke</i>
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Emergency Stabilization or Patient Management

Apply four-point restraints and spit sock as clinically indicated <i>Never restrain supine or prone, transport in low to high Fowler's position</i>	E M T	A E M T	P M
Perform cooling measures as clinically indicated	P S P	E M T	P M



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Emergency Stabilization or Patient Management <i>(continued)</i>			
<p><i>Do not delay administration of Midazolam due to lack of IV access, IM is preferred in this circumstance</i></p> <p>Midazolam slow IV/IO push or IM/IN (may substitute Lorazepam slow IV/IO push or IM/IN, or Diazepam slow IV/IO push or IM) For behavioral emergency with suspected excited delirium See the REMSA Calculation Chart for concentration, and patient specific dosage and volume May repeat once <u>Further repetition requires a base hospital order (BHO)</u> <u>Administration of more than one benzodiazepine requires a base hospital physician order (BHPO)</u></p>			P M
<p>0.9% Normal Saline IV/IO bolus For behavioral emergency with suspected excited delirium and suspected metabolic acidosis / hyperkalemia See the REMSA Calculation Chart for concentration, and patient specific dosage and volume May repeat as clinically indicated</p>		A E M T	P M

Return to Universal Patient Treatment Protocol <i>For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management</i>				
	P S P	E M T	A E M T	P M

***** Base Hospital Orders *****				
<p>Initiate, repeat, or modify standing orders within scope of practice As ordered For behavioral emergency with suspected excited delirium</p>		E M T	A E M T	P M
<p>Sodium Bicarbonate 8.4% As ordered For behavioral emergency with suspected excited delirium and suspected metabolic acidosis / hyperkalemia</p>				P M
<p>Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination As ordered Mode of transport is an operational decision</p>		E M T	A E M T	P M