



VIOLENT / IMPAIRED PATIENT



Escambia County, Florida - ALS/BLS Medical Protocol

This treatment protocol is used in conjunction with [Behavioral Emergencies](#).

If patient is violent and an immediate threat to the patient, EMS crew or bystander safety exists, restraint should be used to prevent patient from harming him or herself or others.

***** ANY time Physical Restraints are used (regardless of the type of restraint), the patient's status MUST be continuously monitored via Pulse Oximetry, Cardiac Monitoring, AND Nasal Capnography to avoid positional asphyxia. *****

If patient is not violent, be observant for possibility of violence and avoid provoking patient.

Supportive Care

1. Have patient placed under Baker Act via Law Enforcement when appropriate.
2. [Medical Supportive Care](#) (a).
3. Rule out causes other than psychiatric (e.g.. drug overdose, CVA, ETOH, hypoxia, hypoglycemia, seizure, etc.).
4. [Physically restrain](#) patient **only** when appropriate.

***** ANY time Physical Restraints are used (regardless of the type of restraint), the patient's status MUST be continuously monitored via Pulse Oximetry, Cardiac Monitoring, AND Nasal Capnography to avoid positional asphyxia. ***** A Lifepak monitor strip displaying the Nasal Capnography waveform must be printed out for the record.

ALS Level 1

None



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ALS Level 2 (*Physician Authorization Required*)

1. [Lorazepam](#), (Ativan) 1-2 mg IM or IV (a), (c).
2. [Diphenhydramine HCL](#) ,(Benadryl) 50 mg IM or IV (a).

Note

In some instances, IV administration may present a safety concern; therefore IM administration of sedatives may be the more desirable route.

May cause respiratory depression. Reduce dose to 0.5 to 1.0 mg in the elderly patient or those patients with CNS depressant drugs already in their system.

All patients having physical or chemical restraints applied require constant attendance and monitoring with special consideration of respiratory depression or ventilatory difficulty.

***** ANY time Physical Restraints are used (regardless of the type of restraint), the patient's status MUST be continuously monitored via Pulse Oximetry, Cardiac Monitoring, AND Nasal Capnography to avoid positional asphyxia. *****



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