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 when appropriate and refer to Impaired/Incapacitated Persons Act.

2. Medical Supportive Care.

3. Rule out causes other than psychiatric (e.g. drug overdose, ETOH, head trauma, hypoxia, hypoglycemia).

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 ETCO₂ waveform must be printed out for the record.

ALS Level 1

None
ALS Level 2 *(Physician Authorization Required)*

1. **Lorazepam** (Ativan) 0.1 mg/kg (maximum 4 mg) IM or IV.

2. **Benadryl** 1 mg/kg IM or IV. (Max: 50 mg)