# 6.01 AGITATED / VIOLENT PATIENT - Public Comment January 2023

### **BLS Treatment**

- Assess scene safety and involve law enforcement if indicated to ensure safety.
- Attempt verbal de-escalation. Involve caregivers. Utilize even vocal tone and be aware of body language and threatening physical gestures.
- Consider physical restraints (4-point, soft restraints with patient in supine position. possible) if patient continues to represent danger to self or others and multiple deescalation techniques are unsuccessful.
- For placement of restraints, the minimum amount/type of restraint necessary using the minimum amount of force.
- NPO.
- Oxygen as indicated.
- If glucose <60, administer oral Glucose.

### **ALS Treatment**

- If glucose<60, administer **Dextrose**.
- For adults with severe agitation posing a danger to self or others and SBP > 90: administer Midazolam.
- Do NOT use intranasal Midazolam in actively-resisting agitated patients since its degree of absorption is unknown.
- All patients receiving a chemical restraint must <u>have</u> continuous cardiac, <u>end tidal CO2</u>, and pulse-oximetry monitoring and have frequent reassessment.

### Comments

- Physical restraints must NOT be placed in such a way as to prevent evaluation of the patient's medical status (e.g. airway, breathing, circulation), impede patient care, or harm the patient. Circulation to extremities (distal restraints) should be evaluated frequently. If handcuffs are applied by law enforcement, a law enforcement officer shall accompany the patient in the ambulance.
- Patients shall not be placed, restrained, or transported in a prone position. If patient is prone upon arrival, patient shall be placed in a supine position upon assuming care.
- For restraint procedures, see Policy 4043 EMS Use of Physical Restraints.

## **Base Hospital Contact Criteria**

For additional Midazolam administration needed for patient with continued agitation

SAN FRANCISCO EMS AGENCY