

BEHAVIORAL EMERGENCIES

05/04/2021

- EMS Personnel should consider their safety:
 - Request law enforcement as needed
 - Check the patient for weapons prior to transport
 - If combative (threat to self or others) consider use of restraints **or sedation**–
See Physical Restraint /Chemical Sedation Procedure
- Follow Assessment, General Procedures Protocol
- Some behavioral emergencies are life threatening and can be caused by medical conditions such as:
 - Hypoglycemia – Low CBG
 - Excited Delirium –
 - Behavior Components: abrupt onset, confusion and bizarre behavior, hallucinations and paranoia, violent behavior, super-human strength/insensitivity to pain
 - Physical components: Hyperthermia (undressing common, diaphoresis), presence/evidence of stimulant drugs, psychiatric disease

EMR	<ul style="list-style-type: none"> • Access and support ABCs • Look for possible overdose or self-injury • If suspicion of hypoglycemia, the patient is cooperative and has no difficulty swallowing, administer oral glucose. • If suspicion of excited delirium, be cautious of airway compromise.
EMT	<ul style="list-style-type: none"> • Check CBG, if <60, the patient is cooperative and has no difficulty swallowing and is cooperative, administer oral glucose.
A-EMT	<ul style="list-style-type: none"> • IV – NS with standard tubing or saline lock, TKO • Dextrose
EMT-I	<ul style="list-style-type: none"> • Cardiac monitor if tolerated – See CARDIAC - ECG/12-lead
PARAMEDIC	<ul style="list-style-type: none"> • Hallucination or agitation without threat consider: <ul style="list-style-type: none"> • Olanzapine • Agitation without threat: <ul style="list-style-type: none"> • Midazolam • Threat to self and/or others requiring chemical restraint – See Physical Restraint /Chemical Sedation Procedure