SYMPTOMS: Agitated or violent person; uncooperative behavior; acute psychosis; patient who may be a danger to others or self.

Exclusion: Patients exhibiting agitated or violent behavior due to medical conditions including, but not limited to:

- Head trauma
- Metabolic disorders (e.g. hypoglycemia, hypoxia)

NOTE: The management of agitated/violent patients requires a constant reevaluation of the risk/benefit balance for the patient and bystanders to provide the safest care for all involved. These are complex and high-risk encounters. There is no one size fits all solution for addressing these patients.

Assessment, Treatment and Interventions

ALL LEVELS

1. Don appropriate PPE.
2. Do not attempt to enter or control a scene where physical violence or weapons are present.
3. Request and wait for law enforcement to secure and maintain scene safety.
4. Note any medications or substances on scene that may contribute to the agitation.
5. Establish patient rapport; attempt to calm and reassure patient.
    a. Attempt verbal reassurance and calming of patient prior to use of physical management devices/restraints.
    b. Engage family members/bystanders to encourage patient cooperation if their presence does not exacerbate the patient's agitation.
    c. Provide continued verbal reassurance and calming of patient as additional interventions are required.
6. De-escalate patient agitation and physical violence. It can increase risk for sudden cardiopulmonary arrest due to the following:
    a. Hyper agitated state/exhaustive mania – stemming from physical agitation or physical control measures exacerbated by stimulant drugs or alcohol withdrawal.
    b. Positional asphyxia – restriction of chest wall movement and/or obstruction of the airway secondary to restricted head or neck positioning resulting in hypercarbia (too much carbon dioxide in the blood) and/or hypoxia.
7. Maintain and support airway.
8. Assess for evidence of traumatic injuries.
9. Consider requesting ALS for behavioral medications interventions.

EMR-O; EMT-R

10. Monitor respiratory rate and effort.
11. Assess circulatory status:
    a. Pulse rate
    b. Blood pressure (if possible)
    c. Capillary refill
12. Monitor SpO_2.
13. Check blood glucose (if possible).
14. Obtain temperature (if possible).

15. Place stretcher in sitting position to prevent aspiration. This also reduces the patient's physical strength by placing the abdominal muscles in the flexed position.

PHYSICAL MANAGEMENT

16. Consider physical management devices as necessary.
    a. Physically secure patients who are physically uncooperative. Secure with one arm above the head and the other arm below the waist and both lower extremities individually secured.
    b. Physical management devices, including stretcher straps, should never restrict the patient's chest wall motion.
    c. Supplemental straps or sheets may be necessary to prevent flexion/extension of torso, hips legs by being placed around the lower lumbar region, below the buttocks, and over the thighs, knees and legs.
    d. Do not use devices that require a key to release them. Use soft or leather devices.
    e. Secure all four extremities to the stationary frame of the stretcher to maximize safety for patient, staff and others.
17. The following physical management techniques are EXPRESSLY ***PROHIBITED*** for use by EMS:
    a. Securing or transporting in a prone position with or without hands and feet behind the back (i.e. hobbling or "hog-tying").
    b. "Sandwiching" patients between backboards.
    c. Using techniques that constrict the neck or compromise the airway.
    d. Using weapons as adjuncts in managing a patient.

PHARMACOLOGIC MANAGEMENT

18. Notes:
    a. Selection of medications for pharmacologic management should be based upon the patient's clinical condition, current medications, and allergies in addition to EMS resources and on-line medical control.
    b. The medications are annotated to indicate when they are preferred for patients that are particularly high risk for violence as assessed by a validated scale. Dosing can be adjusted to achieve different levels of sedation.
    c. The order of medications below is not intended to indicate a preference of administration.
19. BENZODIAZEPINES

    INT-O
    a. Consider administration of Diazepam [0.2mg/kg PR maximum dose of 10 mg].

    PARA-R
    b. Midazolam [Adult: 2mg IM/IN/IV/IO; Pediatric: 0.1mg/kg IM/IN/IV/IO maximum 2mg].
20. Dissociative Agents

    PARA-O
    a. Provide sedation and anesthesia.
    b. Ketamine [1-2mg/kg IV or 3-4mg/kg IM] for high violence risk.