4602	Behavioral Emergencies
Treatment Protocol	

Last Reviewed: **October 4, 2022**	Last Revised: **July 1, 2026**

BLS Patient Management

- **Establish, maintain, and ensure:**
  A. A patent and easily managed airway. Use manual maneuvers (head-tilt/chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA/NPAs) as clinically indicated
  B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform /digital capnography is required when paramedics are present
  C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated

- **Oxygen**
  As clinically indicated. Titrate to maintain, or increase, SpO_2 to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD

- Attach ECG leads to the patient when a paramedic is present

- Position the patient as clinically indicated for safety, comfort, and to meet physiologic requirements

- Apply four-point restraints and spit sock as clinically indicated. Never restrain a patient supine or prone. Transport in low to high Fowler's position

  Prevent positional asphyxiation by avoiding prone positioning, hog-tie applications or limiting diaphragmatic excursion

- Perform cooling measures as clinically indicated

ALS Patient Management

- Interpret and continuously monitor ECG, SpO_2 and waveform/digital capnography

- **For patients requiring chemical restraint when physical restraints are ineffective and who pose an immediate danger to themselves or others, due to:**
  - **Severe agitation/aggression OR**
  - **Severe distress, who are at potential risk for sudden death**

  IM Versed is preferred in this circumstance.
  Adults: Midazolam 5 mg IM/IN. **MAY REPEAT ONCE**. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO)**.

  ****OR****

  Midazolam 2.5 mg slow IVP/IOP. **MAY REPEAT ONCE**. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO)**.

  Pediatrics: Midazolam 0.2 mg/kg IM/IN. **MAY REPEAT ONCE AFTER 5 MINUTES**. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO)**.

  ****OR****

  Midazolam 0.1 mg/kg slow IVP/IOP. **MAY REPEAT ONCE AFTER 5 MINUTES**. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO)**.

- **For hyperthermia or heat illness symptoms related to severe agitation/aggression/distress**
  Adults: Normal Saline 250 mL IV/IO bolus. **MAY REPEAT AS CLINICALLY INDICATED TO A MAX ADMINISTRATION OF 2 L**.

  Pediatrics: Normal Saline 20 mL/kg IV/IO bolus. Use a volume control administration set for accurate dosing. **MAY REPEAT AS CLINICALLY INDICATED.**

	• **For suspected hyperkalemia associated with heat illness/hyperthermia** **INITIALANDREPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO)**. Adults: Sodium Bicarbonate 50 mEq slow IVP/IOP. Pediatrics: Sodium Bicarbonate 1 mEq/kg slow IVP/IOP.

Patient Disposition

If a 911 dispatched call results in a patient on a 5150 that requires transport by ambulance, they shall be transported to the closest emergency department.