

6010 AGITATED/COMBATIVE PATIENT



Patient is agitated and a danger to self or others

- Attempt to reasonably address patient concerns
- Assemble personnel

Assume the patient has a medical cause of agitation and treat reversible causes.

- Hypoglycemia? [Dextrose](#), [Glucagon](#)
- Toxidrome? See [Drug/Alcohol Intoxication](#)
- Pain (administer medications per scope)
- Hypoxia? [Oxygen](#)

General Guideline:

Emphasis should be placed on scene safety, appropriate use of restraints and aggressive treatment of the patient's **medical cause** of agitation.

Does patient have signs of the **Excited Delirium Syndrome?**

Yes

Excited Delirium Syndrome

These patients as wildly out of control and have a life-threatening medical emergency they will have some or all of the following sx:

Paranoia, disorientation, hyper-aggression, hallucination, tachycardia, increased strength, hyperthermia

No

Patient does not respond to verbal de-escalation techniques

Restraints

- No transport in hobble or prone position.
- Do not inhibit patient breathing or ventilations.

Complete [Restraint protocol](#)

Obtain IV access as soon as may be safely accomplished

- Ref. [Ketamine](#) 4 mg/kg up to max dose of 500 mg IM
- Monitor SpO₂
- Cardiac Monitor
- Monitor Waveform capnography

Still significantly agitated?

Considerations for Flight

- Do not take off if agitation is not under control
- If using large amounts of sedation, consider RSI before takeoff
- Consider transportation by ground
- If patient becomes uncontrollable during flight, Precautionary land if able to safely

Sedate

Ref. [Lorazepam](#), [Midazolam](#)

- Complete [Restraint](#)

Still significantly agitated?

- Reassess ABCs post sedation
- High flow [Oxygen](#)
- Start 2 large bore IVs as soon as may be safely accomplished
- Administer 2 liters NS bolus

- Repeat sedation **dose ref.** [Midazolam](#)
- If still significantly agitated 5 minutes after 2nd dose sedative, **Contact Base**

Start external cooling measures

Transport

- **Transport**

Monitoring

All patients receiving benzodiazepines must have cardiac, pulse oximetry and continuous waveform capnography during transport.