

SUBJECT: TREATMENT PROTOCOL – PSYCHIATRIC / BEHAVIORAL  
EMERGENCIES

Date: 7/1/2015

## BLS

## ALS

<ul style="list-style-type: none"><li>• Ensure patent airway, O<sub>2</sub> and/or ventilate prn</li><li>• O<sub>2</sub> Saturation prn</li><li>• Treat life threatening injuries</li><li>• Attempt to determine if behavior is related to injury, illness or drug use.</li><li>• Restrain only if necessary to prevent injury. Document distal neurovascular status q15'. Avoid unnecessary sirens.</li><li>• Consider law enforcement support and/or evaluation of patient.</li><li>• Law enforcement could remove taser barbs, but EMS may remove barbs.</li></ul>	<ul style="list-style-type: none"><li>• Monitor EKG</li><li>• IV <u>SO</u> adjust prn</li><li>• Capnography <u>SO</u></li></ul> <p><b><u>For Combative patient:</u></b></p> <ul style="list-style-type: none"><li>• Versed 5mg IM/IN/IV <u>SO</u>, MR x1 in 10" <u>SO</u></li></ul>
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Note: For combative patient IN or IM Versed is preferred route to decrease risk of injury to patient and personnel.

**Use caution when considering Versed use with ETOH intoxication. Can result in apnea.**

Consideration for patients presenting with taser barbs:

- Taser discharge for simple behavioral control is usually benign and does not require transport to BEF for evaluation.
- Patients, who are injured, appear to be under the influence of drugs, present with altered mental status, or symptoms of illness should have a medical evaluation performed by EMS personnel, and transported to a BEF.
- If barbs are impaled in an anatomically sensitive location such as the eye, face, neck, finger/hand or genitalia do not remove the barb, patient should be transported to a BEF.

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Approved:



EMS Medical Director