### BLS

- Ensure patent airway, O₂ and/or ventilate PRN
- O₂ saturation PRN
- Treat life-threatening injuries
- Ask patient: “Do you have any weapons?”
- Attempt to determine if behavior is related to injury, illness, or drug use
- Restrain only if necessary to prevent injury
- Document distal neurovascular status q15 min, if restrained
- Avoid unnecessary sirens
- Consider law enforcement support and/or evaluation of patient
- Law enforcement or EMS may remove Taser* barbs

### ALS

- Monitor/EKG
- IV SO adjust PRN
- Capnography SO PRN

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<th>Severe agitation and/or combative patient requiring restraint for patient or provider safety</th>
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<td>Midazolam† 5 mg IM/IN/IV SO, MR x1 in 5-10 min SO</td>
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If midazolam administered, as soon as able
- Monitor/EKG/capnography
- O₂ SO
- Ventilate PRN SO
- 500 mL fluid bolus IV/IO SO PRN, MR x1 SO, MR BHO

**Taser barb considerations**

- 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; or present with altered mental status or symptoms of illness should have medical evaluation performed by EMS personnel before being transported to BEF
- If barbs are impaled in anatomically sensitive location such as eye, face, neck, finger/hand, or genitalia, do not remove the barb. Transport patient to BEF.

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†For severely agitated or combative patients, IN or IM midazolam is the preferred route to decrease risk of injury to the patient and personnel.

**Alert**: Co-administration of midazolam in patients with alcohol intoxication can cause respiratory depression. Consider avoiding or reducing midazolam dose.