# Pediatrict Treatment Protocol

## Psychiatric / Behavioral Emergencies

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### 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
- Law enforcement or EMS may remove Taser* barbs

### ALS

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

**Severely agitated and/or combative patient requiring restraint for patient or provider safety**

- **Patient ≥8 years**
  - Midazolam† per drug chart IM/IN/IV SO, MR x1 in 10 min SO
- **Patient <8 years**
  - Midazolam† per drug chart IM/IN/IV BHO, MR x1 in 10 min BHO

If midazolam administered, as soon as able

- Monitor/EKG/capnography
- **O₂** SO
- Ventilate PRN SO
- Fluid bolus IV/IO per drug chart SO PRN, MR x1 SO, MR BHO

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**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.

†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.

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