



**BLS**

- Ensure patent airway, O<sub>2</sub> and/or ventilate PRN
- O<sub>2</sub> 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
- Employ de-escalation techniques
- 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**

- Capnography
- Monitor/ECG
- IV <sup>(A)</sup>

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

- Midazolam<sup>†</sup> per drug chart IM/IN/IV, MR x1 in 10 min
- Fluid bolus IV/IO per drug chart PRN, MR x1, MR BHO <sup>(A)</sup>

**\*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.

<sup>†</sup>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.