## Subject: Treatment Protocol - Psychiatric/Behavioral Emergencies

**BLS**
- Ensure patent airway, O₂ and/or ventilate prn
- O₂ Saturation prn
- Treat life threatening injuries
- Attempt to determine if behavior is related to injury, illness or drug use.
- Retract only if necessary to prevent injury. Document distal neurovascular status q15'. Avoid unnecessary sirens.
- Consider law enforcement support and/or evaluation of patient.
- Law enforcement could remove taser barbs, but EMS may remove barbs.

**ALS**
- Monitor EKG
- IV SO adjust prn
- Capnography SO

**For Combative patient:**
- Versed 5 mg IM/IN/IV SO, MR x1 in 10" SO

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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.