

BEHAVIORAL EMERGENCIES	
ADULT	PEDIATRIC (≤ 34 KG)
BLS	
<ul style="list-style-type: none"> Universal Protocol #601 Pulse Oximetry <ul style="list-style-type: none"> O₂ administration per Airway Management Protocol #602 Assess for reversible causes such as: hypoxia, shock, hypoglycemia Restraints per Use of Restraints Procedure #711 	
ALS Standing Orders	
<ul style="list-style-type: none"> Obtain a blood glucose as possible/safe Midazolam <ul style="list-style-type: none"> Up to 5mg SLOW IV or 5 mg IM/IN (split between nares) May repeat once after 5 minutes - for significant agitation/threat to self or others 	<ul style="list-style-type: none"> Obtain blood glucose as possible/safe Midazolam <ul style="list-style-type: none"> Up to 0.2 mg/kg SLOW IV not to exceed 5 mg Or Up to 0.2 mg/kg IM/IN (split between nares) not to exceed 5 mg May repeat once after 5 minutes for significant agitation/threat to self or others Not to exceed 5mg TOTAL
Base Hospital Orders Only	
<ul style="list-style-type: none"> Additional doses of Midazolam As needed 	<ul style="list-style-type: none"> Additional doses of Midazolam As needed
Notes	
<ul style="list-style-type: none"> <u>Behavioral Emergencies</u> – severely agitated or aggressive patients that interfere with patient care or patient/crew safety IV or IM administration of Midazolam are the preferred routes Consider law enforcement support for violent or threatening patients “Tasered” patients – EMS personnel not to remove barbs, law enforcement may remove Pediatric maximum volume of one (1) mL per nostril per atomization (0.2-0.3 mL per nostril is ideal) <ul style="list-style-type: none"> volumes > 1 mL are more likely to saturate the mucosal surface causing medication runoff into the proximal pharynx 	