

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 	