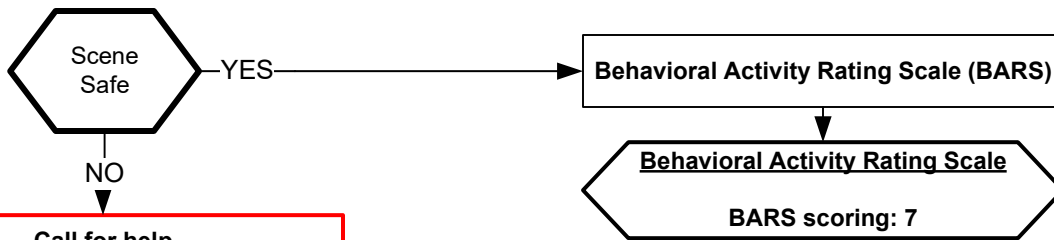




Behavioral Hyperactive Delirium With Severe Agitation



Call for help
Call for additional resources
Stage prior to arrival
 or
Withdraw from scene until safe

| | |
|----------|--|
| P | <p>Ketamine 4 mg/kg IM Maximum 400 mg <i>See Pearls</i></p> <p>Pediatrics: 2 mg/kg IM Maximum 400 mg <i>See Pearls</i></p> <p>-----Or-----</p> <p>Midazolam 10 mg IM + Haldol 5mg IM May repeat in 5-10 minutes as needed</p> <p>Or</p> <p>Geodon 20mg IM x1</p> <p>Pediatrics: Midazolam 0.1 – 0.2 mg/kg IM Max Single Dose 10mg Repeat every 5 minutes as needed</p> <p>Haldol Max Total Dose 20 mg Midazolam Max Total Dose 20 mg</p> |
| | <p>IV or IO Access Protocol UP 6 Preferably 2 large bore</p> |
| A | <p>Normal Saline / Lactated Ringers 1 L Bolus Then 150 – 200 mL / hr May repeat 500 mL Bolus as needed Maximum 2 L</p> <p>Peds: 20 – 60 mL/kg IV / IO Maximum 60 mL/kg</p> |
| | <p>Restraint Physical Procedure USP 5 Monitor per restraint procedure <i>if indicated</i></p> <p>Restraint Therapeutic Take Down Procedure USP 6 <i>if indicated</i></p> |
| | <p>Hyperthermia Protocol</p> |
| P | <p>Cardiac Monitor</p> |
| ↓ | <p>Notify Destination or Contact Medical Control</p> |

- General Guidance**
- Use of protocol is indicated when a medical emergency requires a combination of both physical restraint and chemical restraint in order to prevent imminent injury to a patient and/ or providers.
 - Use of this protocol requires medical judgement and consultation with Medical Control is not mandatory.
 - Non-medical personnel requests or opinions should not be used as a factor when implementing this protocol.



Behavioral Hyperactive Delirium With Severe Agitation

All patient who have received medications per protocols UP18 & UP19 must be transported to the hospital or left in the care of a community paramedic.

Patients with a BARS Score of 7 who utilized this protocol must be transported to the hospital – No exceptions unless granted directly by Medical Director

We do not medicate for Jail. If IV/IO/IM medicine is given – the patient must be medically monitored and is not considered stable for jail. Releasing a sedated patient to law enforcement for jail will be considered abandonment. This population is at high risk for cardiac arrest post event.

Haldol + Midazolam have synergistic properties and it is recommended they are used together.

Pearls

- **Ketamine for sedation purposes:**
Ketamine may be used in pediatric patients who fit within a Pediatric Medication/ Skill Resuscitation System product, ≤ 15 years of age, or ≤ 49 kg) with DIRECT ONLINE MEDICAL ORDER by the system MEDICAL DIRECTOR only.
- **Hyperactive Delirium with Severe Agitation:**
Medical emergency: Combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent/ bizarre behavior, insensitivity to pain, hyperthermia and increased strength.
Potentially life-threatening and associated with use of physical control measures, including physical restraints.
Most commonly seen in male subjects with a history of serious mental illness and/or acute or chronic drug abuse, particularly stimulant drugs such as cocaine, crack cocaine, methamphetamine, amphetamines or similar agents.
Alcohol or substance withdrawal as well as head trauma may also contribute to the condition.
- **Restraint use:**
Physical restraints are not contraindicated in agitated or excited delirium, but you must use caution. Once sedated, prevent patient from continued struggle, which can worsen metabolic condition. Prevent patient from assuming a prone position for prolonged period, move to supine position as quickly as possible.
Team approach for sedation and Restraint Therapeutic Take Down Procedure USP-6:
 - 1 provider for each limb.
 - 1 provider to lead restraint, maintain airway and control head.
 - 1 Provider to administer medication.Do not position prone or prone with restraints, as this can impede respiration and ventilation.
- Hyperthermia: Assess for and treat hyperthermia.