

BEHAVIORAL EMERGENCIES	
ADULT	PEDIATRIC (≤34KG)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Assess for reversible causes such as: hypoxia, shock, hypoglycemia • Restraints per Use of Restraints Procedure #711 	Same as Adult
BLS Optional	
Pulse Oximetry – O ₂ administration per Airway Management Protocol #602	
ALS Standing Orders	
<ul style="list-style-type: none"> • Obtain blood glucose as possible/safe • Midazolam <ul style="list-style-type: none"> ○ Up to 2 mg slow IV or ○ 5 mg IM/IN (2.5 mg each nostril) ○ May repeat once after 10 min 	<ul style="list-style-type: none"> • Obtain blood glucose as possible/safe • Midazolam <ul style="list-style-type: none"> ○ 0.1 mg/kg slow IV not to exceed 2 mg or ○ 0.1 mg/kg IM/IN (max 0.3 ml each nostril)
Base Hospital Orders Only	
<ul style="list-style-type: none"> • As needed 	<ul style="list-style-type: none"> • Repeat 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 and 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 	