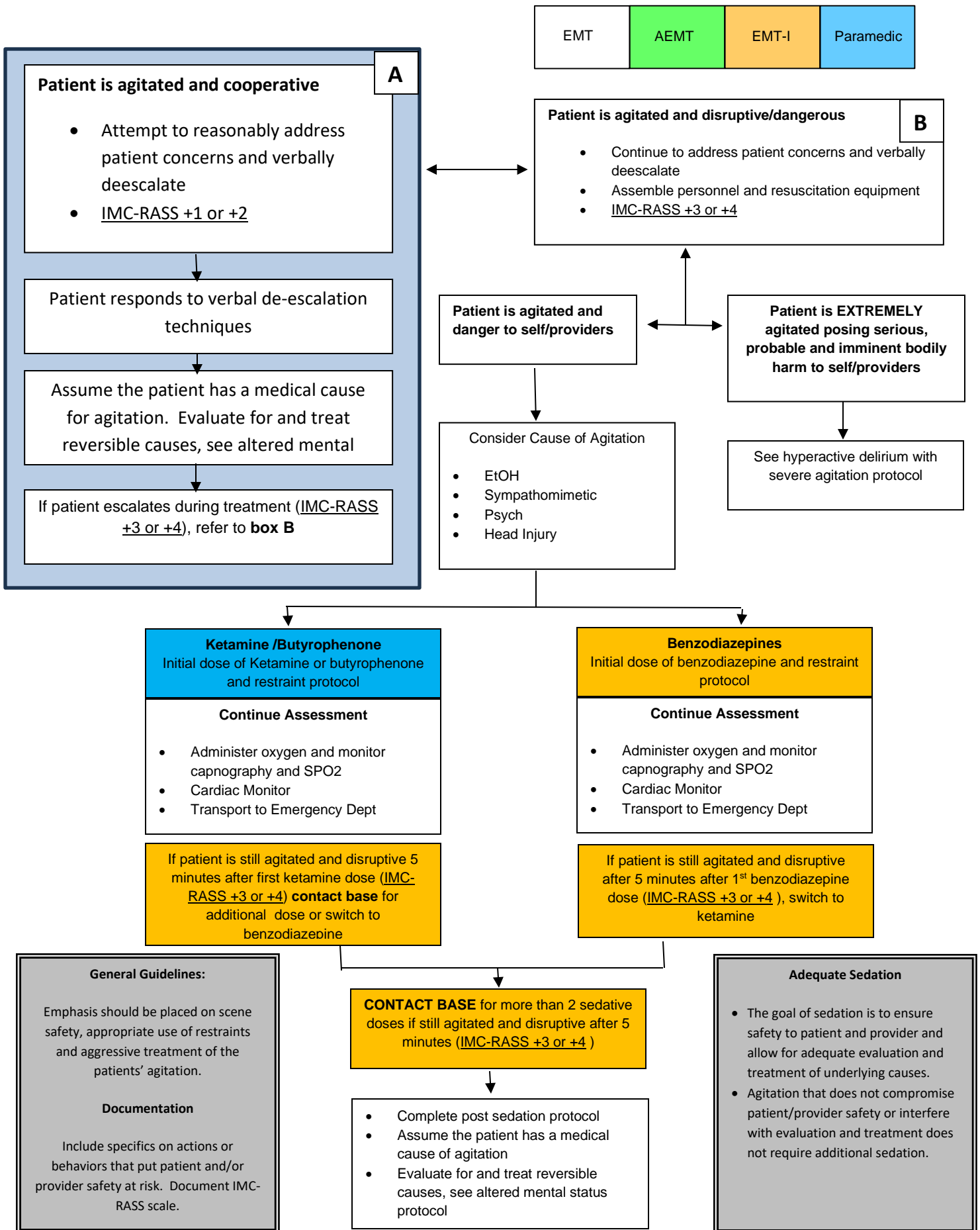


B075 AGITATED/COMBATIVE PATIENT PROTOCOL



Ketamine /Butyrophenone

Initial dose of Ketamine or butyrophenone and restraint protocol

Continue Assessment

- Administer oxygen and monitor capnography and SPO2
- Cardiac Monitor
- Transport to Emergency Dept

If patient is still agitated and disruptive 5 minutes after first ketamine dose (IMC-RASS +3 or +4) **contact base** for additional dose or switch to benzodiazepine

Benzodiazepines

Initial dose of benzodiazepine and restraint protocol

Continue Assessment

- Administer oxygen and monitor capnography and SPO2
- Cardiac Monitor
- Transport to Emergency Dept

If patient is still agitated and disruptive after 5 minutes after 1st benzodiazepine dose (IMC-RASS +3 or +4), switch to ketamine

General Guidelines:

Emphasis should be placed on scene safety, appropriate use of restraints and aggressive treatment of the patients' agitation.

Documentation

Include specifics on actions or behaviors that put patient and/or provider safety at risk. Document IMC-RASS scale.

CONTACT BASE for more than 2 sedative doses if still agitated and disruptive after 5 minutes (IMC-RASS +3 or +4)

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- Complete post sedation protocol
- Assume the patient has a medical cause of agitation
- Evaluate for and treat reversible causes, see altered mental status protocol

Adequate Sedation

- The goal of sedation is to ensure safety to patient and provider and allow for adequate evaluation and treatment of underlying causes.
- Agitation that does not compromise patient/provider safety or interfere with evaluation and treatment does not require additional sedation.