

B060 PRINCIPLES OF AGITATED/COMBATIVE PATIENT PROTOCOL

EMT	AEMT	EMT-I	Paramedic
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Principles:

While treating patients experiencing agitation, the safety of EMS providers should be maximized while honoring patient dignity and treating the patient's medical condition in a professional manner.

- EMS Safety. The safety of field personnel is paramount. Although EMS personnel have a duty to treat patients experiencing emergency medical conditions, they must not take risks that they are not comfortable with. Risks to personnel or scene safety should be commensurate to the benefit a patient may receive.
- Patient safety. Patient safety and the aid they receive from our care is the reason EMS exists. All treatments should be designed to reduce potential harm and maximize potential benefit.
- Dignity. All patients and providers deserve dignity and respect. Patient encounters for mental health and substance related emergencies are often challenging. It is essential that EMS professionals recognize our own biases. We owe it to our patients, especially those in disenfranchised groups, to provide equitable care. We strive to maximize the dignity of both patients and providers by practicing with clinical expertise and professionalism.

Initial Assessment:

The most critical initial step in managing agitation is the determination of an emergency medical condition.

- Patients assessed as having non-medical agitation do not require emergency medical intervention. EMS should never intervene solely for the support of another 911 function.
- EMS should only intervene in the medical management of agitation when the patient is assessed and suspected to have an emergency medical condition.
- Prior to any physical restraint or medication administration, all patients must first be assessed and suspected to have an emergent medical condition. Depending on the acuity of the situation, some initial assessments must be made in seconds while others may require more time.
- In some situations, it may be appropriate for EMS to stand by in case a person develops a medical emergency.
- Some patients with emergency medical conditions such as trauma or dyspnea may also exhibit agitation. That agitation should only be treated if the paramedic assesses that the patient lacks decision making capacity to care for their illness or injury.
- As soon as safely possible, EMS providers should assess and treat for underlying conditions that may present as agitation.
- EMS safety is paramount. In some uncommon circumstances it may be necessary to separate from an agitated patient in order to protect the patient and personnel on scene.
- When we have tension between the duty to treat and the safety of field personnel, we should apply the principles of EMS safety, patient safety and dignity

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Improved Montgomery County Richmond Agitation Sedation Scale (IMC-RASS)

Score	Term	Description	EMS Activity
+4	Combative	Overtly combative, violent, immediate danger to staff	Unsafe to care to care for patient without maximal assistance, require law enforcement assistance
+3	Very agitated	Pulls or removes tubes and catheters, aggressive	Struggles aggressively and forcefully against care. Routine EMS care impossible.
+2	Agitated	Frequent, non-purposeful movements, fights interventions	Resists EMS care, requires gentle physical redirection to allow for routine EMS care.
+1	Restless	Anxious, but movements are not aggressive or vigorous	Verbally redirectable, follows commands, routine EMS care possible
0		Alert and Calm	
-1	Drowsy	Not fully alert, but has sustained awakening and eye contact to voice (>10 seconds)	Awakens to voice
-2	Light Sedation	Briefly awakens with eye contact to voice (<10 seconds)	Awakens to bumps/potholes in road during transport or application of oxygen
-3	Moderate Sedation	Movement or eye opening to voice (no eye contact)	Eyes open to physical exam, venous tourniquet application and/or BP cuff inflation
-4	Deep Sedation	No response to voice but movement or eye opening to physical stimulation	Responds to insertion of NPA or IV start
-5	Unarousable	No response to voice or physical stimulation	No response to insertion of OPA/NPA or IV start