






Assessment must include:

- Traumatic injury
- Drug abuse
- Cardiac History
- History of Asthma
- Psychiatric History

Other concerns:

- Palpitations
- Shortness of breath
- Wheezing
- Altered mental status
- Excited delirium secondary to psychiatric illness or substance abuse

Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control



EMR	<ol style="list-style-type: none"> 1. Oxygen: For agitation, shortness of breath or chest pain titrate O2 to 94-99%, if patient allows you to do so. 2. Do not restrain the patient. 	EMR
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MC	E	<ol style="list-style-type: none"> 1. Continue EMR care. 2. Assess for secondary causes of agitated behavior. These secondary causes include: <ul style="list-style-type: none"> Alcohol intoxication Drug abuse Hypoglycemia or other medical disorder Psychotic disorder Head injury 5. Contact Medical Control for a restraint order. 6. If restraints are needed, call for an ALS intercept. 7. If the patient has an altered mental status, then the patient must be assumed not to have capacity to refuse care. Contact Medical Control for ALL refusal issues 8. Initiate ALS intercept if needed and transport as soon as possible. 9. Contact receiving hospital as soon as possible or Medical Control if necessary. 	E	MC
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I	<ol style="list-style-type: none"> 1. Continue EMT care. 2. Initiate cardiac monitoring per Routine Care or if the patient appears agitated. 3. Versed: 5mg IM over 1 minute for chemical restraint. May repeat Versed 5mg IM x1 after 5 minutes as needed for a total of 10mg. 4. Versed: Intranasal may also be used if unable to give IM. 5. IV fluid therapy with Normal Saline may be initiated only when patient is cooperative. 	I
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MC	P	<ol style="list-style-type: none"> 1. Continue ILS care 2. Coordinate patient takedown with law enforcement and administer Ketamine 5mg/kg IM if patient is agitated and needs to be restrained. May repeat dose with Medical Control order. 3. IV fluid therapy with Normal Saline may be initiated only when patient is cooperative 	P	MC
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