

	Department Name Address	BLS	EMT
		Revision #	
		Implementation Date	
Protocol	4.1.23 Behavioral Emergencies - Adult	Last Reviewed/Update Date	
Author / Owner		Medical Director	

The key to treating patients with behavioral emergencies is to deliver calm, quiet, professional care in a non-threatening manner whenever possible. The responder must also recognize that certain patients may not be able to reason or make rational decisions, and may need to be restrained for safety for themselves as well as responders.

1. Law enforcement should be on scene whenever possible. A delayed response is acceptable to ensure scene safety. Assess the scene for safety and weapons as you enter the room.
2. Use a calm, quiet, and non-threatening voice. Ask the patient for permission to touch them before taking vital signs. Move slowly and explain what you are doing and look the patient in the eye when speaking to them.
3. Keep the environment calm and quiet. This may require asking family members to step out of the room.
4. Transport in a non-emergent mode unless the patient's condition requires lights and sirens.
5. Always have two caregivers or a law enforcement officer in the back of the ambulance with you and the patient whenever possible.
6. If the patient is uncooperative, consider restraints per protocol.
7. Restraint of a patient has an effect on the central nervous system; monitor vital signs and airway closely. **Never** position a patient face-down when restrained. High flow oxygen may be applied using a non-rebreather mask. This will also help with patients that are spitting or biting.
8. Keep out of reach of an uncooperative patient.
9. Document all observations including threats that the patient may have made to others or themselves.
10. If patient remains combative, belligerent, or uncontrollable, call for ALS intercept for possible medication administration.

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DATE APPROVED

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Medical Director's Signature

Date

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