# 6.01 AGITATED / VIOLENT PATIENT

| BLS Treatment |
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| • Assess scene safety and involve law enforcement if indicated to ensure safety.<br>• Attempt verbal de-escalation. Involve caregivers. Utilize even vocal tone and be aware of body language and threatening physical gestures.<br>• Consider physical restraints (4-point, soft restraints with patient in supine position if possible) if patient continues to represent danger to self or others.<br>• NPO.<br>• **Oxygen** as indicated. |
| **ALS Treatment** |
| • If glucose<60, administer **Dextrose**,<br>• For adults with severe agitation posing a danger to self or others and SBP > 90: administer **Midazolam.**<br>• Do NOT use intranasal **Midazolam** in actively-resisting agitated patients since its degree of absorption is unknown.<br>• All patients receiving a chemical restraint must continuous cardiac and pulse-oximetry monitoring and have frequent reassessment. |
| **Comments** |
| • Physical restraints must NOT be placed in such a way as to prevent evaluation of the patient's medical status (e.g. airway, breathing, circulation), impede patient care, or harm the patient. Circulation to extremities (distal restraints) should be evaluated frequently. If handcuffs are applied by law enforcement, a law enforcement officer shall accompany the patient in the ambulance. |
| **Base Hospital Contact Criteria** |
| • For additional **Midazolam** administration needed for patient with continued agitation |