

Behavioral

History

- Situational crisis
- Psychiatric illness/medications
- Injury to self or threats to others
- Medic alert tag
- Substance abuse / overdose
- Diabetes

Signs and Symptoms

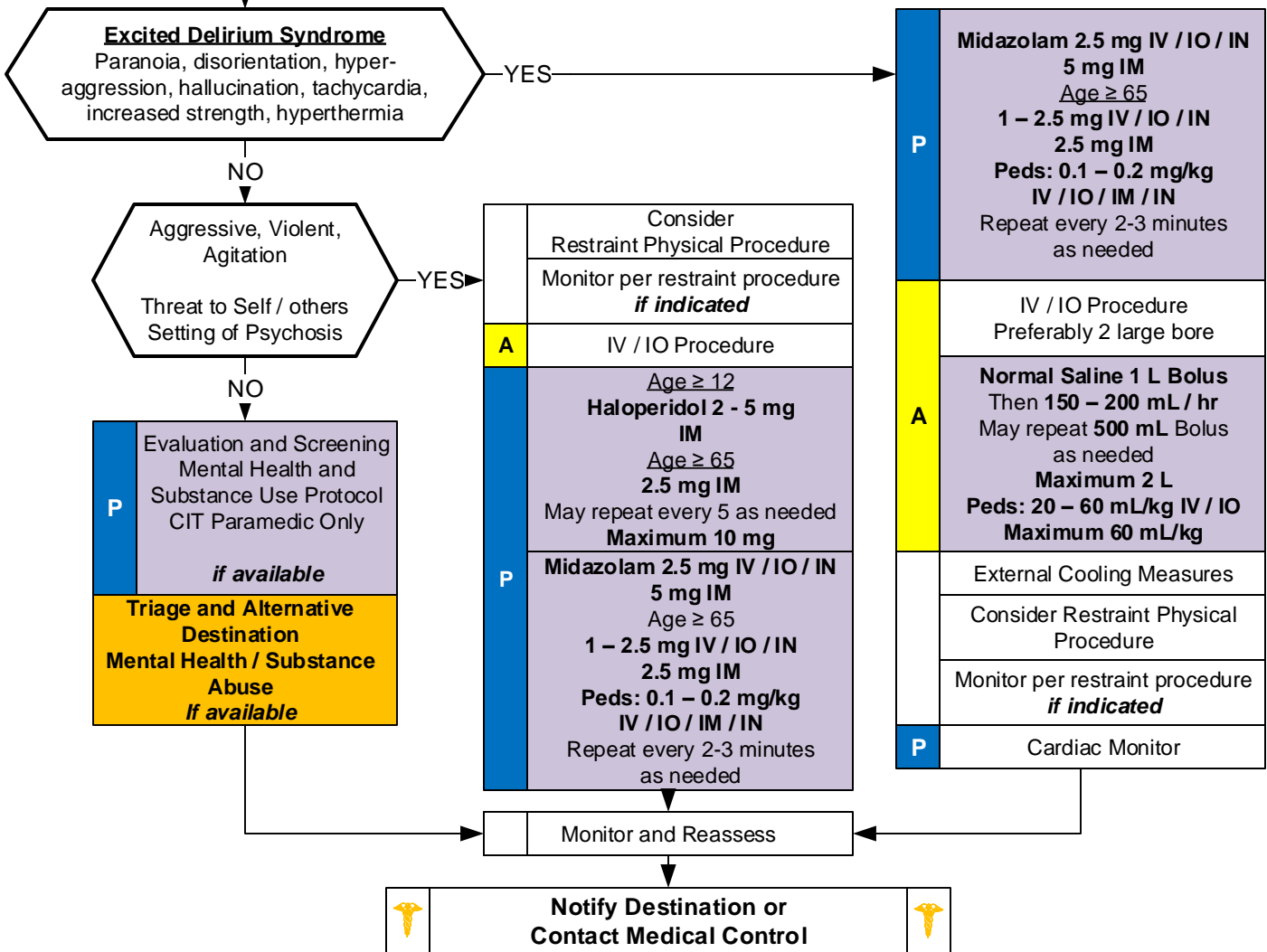
- Anxiety, agitation, confusion
- Affect change, hallucinations
- Delusional thoughts, bizarre behavior
- Combative violent
- Expression of suicidal / homicidal thoughts

Differential

- Altered Mental Status differential
- Alcohol Intoxication
- Toxin / Substance abuse
- Medication effect / overdose
- Withdrawal syndromes
- Depression
- Bipolar (manic-depressive)
- Schizophrenia
- Anxiety disorders

	Blood Glucose Analysis Procedure <i>if indicated</i>
	Age Appropriate Diabetic Protocol AM 3 / PM 2 <i>if indicated</i>
	Altered Mental Status Protocol UP 4 Overdose / Toxic Ingestion Protocol TE 7 <i>if indicated</i>
	Head Trauma Protocol TB 5 Multiple Trauma Protocol TB 6 <i>if indicated</i>

Call for help / additional resources
Stage until scene safe



Universal Protocol Section

UP 6

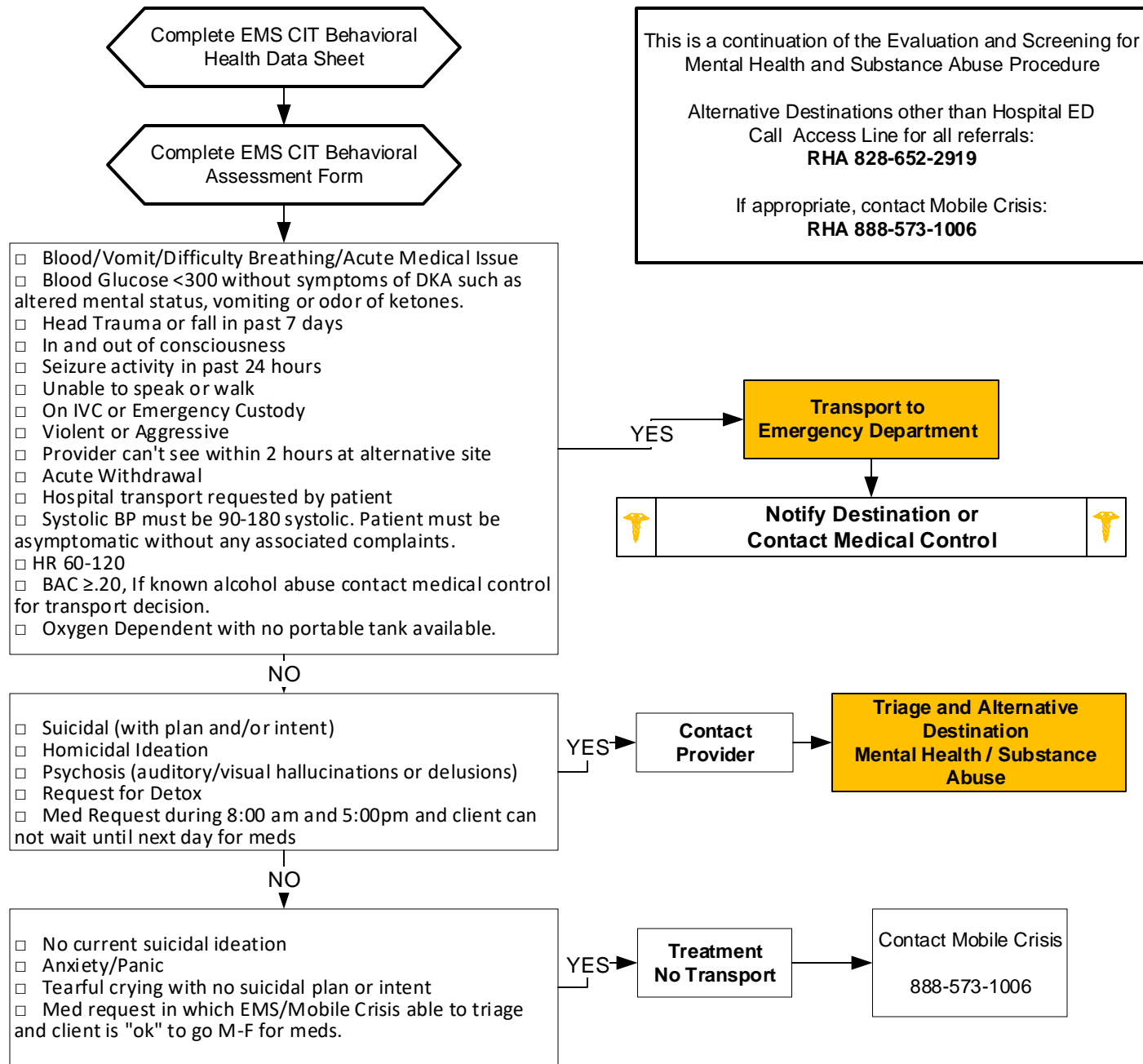
This protocol has been altered from the original NCEP Protocol by the local EMS Medical Director

Behavioral

Pearls

- **Recommended Exam: Mental Status, Skin, Heart, Lungs, Neuro**
- **Crew / responders safety is the main priority.**
- **Any patient who is handcuffed or restrained by Law Enforcement and transported by EMS must be accompanied by law enforcement in the ambulance.**
- **Consider Haldol or Ziprasidone for patients with history of psychosis or a benzodiazepine for patients with presumed substance abuse.**
- **Haldol is acceptable treatment in pediatric patients ≥ 12 years old. Safety and efficacy is not established in younger ages.**
- **All patients who receive either physical or chemical restraint must be continuously observed by ALS personnel on scene or immediately upon their arrival.**
- Be sure to consider all possible medical/trauma causes for behavior (hypoglycemia, overdose, substance abuse, hypoxia, head injury, etc.)
- Do not irritate the patient with a prolonged exam.
- Do not overlook the possibility of associated domestic violence, child, or geriatric abuse.
- Do not position or transport any restrained patient in such a way that could impact the patient's respiratory or circulatory status.
- **Excited Delirium Syndrome:**
Medical emergency: Combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent / bizarre behavior, insensitivity to pain, hyperthermia and increased strength. Potentially life-threatening and associated with use of physical control measures, including physical restraints and Tasers. Most commonly seen in male subjects with a history of serious mental illness and/or acute or chronic drug abuse, particularly stimulant drugs such as cocaine, crack cocaine, methamphetamine, amphetamines or similar agents. Alcohol withdrawal or head trauma may also contribute to the condition.
- **If patient is suspected of EDS suffers cardiac arrest, consider a fluid bolus and sodium bicarbonate early**
- **Extrapyramidal reactions:**
Condition causing involuntary muscle movements or spasms typically of the face, neck and upper extremities. May present with contorted neck and trunk with difficult motor movements. Typically an adverse reaction to antipsychotic drugs like Haloperidol and may occur with your administration. When recognized give **Diphenhydramine 50 mg IV / IO / IM / PO** in adults or **1 mg/kg IV / IO / IM / PO** in pediatrics.
- **May add page 3 to protocol for specific for local mental health and / or substance misuse resources or destinations.**

Behavioral CIT Paramedic (Optional)



Universal Protocol Section

Alternative Destinations / Crisis Providers For Centerpoint

McDowell County	
RHA Clinic	Mobile Crisis
08:00am-5:00pm M-F	24 hour availability

Protocol 6

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