Approved 9/17/25, Effective 1/15/26, replaces all prior versions

7A - BEHAVIORAL DISORDERS ADULT & PEDIATRIC

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

TREATMENT PRIORITIES
1. Assess scene safety
2. Safety of self
3. Safety of public safety professionals
4. Safety of patient
5. Observe for uncontrolled agitation, combativeness, AMS impeding necessary medical care or pulling at necessary medical interventions (IV lines, endotracheal tubes)
6. Employ alternative methods to avoid physically restraining the patient
7. Restrain patient if alternatives fail and/or it is necessary to maintain necessary medical intervention or to carry out treatment protocols
8. Treat Hyperactive Delirium with severe agitation

EMD

KEEP VIOLENT OR SUICIDAL PATIENT ON THE LINE.
IN VOLATILE/CRIMINAL SITUATIONS, FOLLOW APPLICABLE LAW ENFORCEMENT PROTOCOL.
FOR JUMPERS, NOTIFY LAW AND FIRE/RESCUE RESOURCES.

EMR / EMT

GENERAL SUPPORTIVE CARE – DO NOT LEAVE PATIENT ALONE
OBTAIN VITAL SIGNS
O_2 VIA NC or NRB AS APPROPRIATE
APPLY CARDIAC MONITOR (if equipped)

IF RESTRAINTS ARE REQUIRED USE SOFT RESTRAINTS and / or KERLIX
RESTRAIN PATIENT TO LONG SPINE BOARD OR ORTHOPEDIC SCOOP

DO NOT TRANSPORT PATIENTS
"SANDWICHED" BETWEEN TWO BACKBOARDS

DURING TRANSPORT OF PATIENTS IN POLICE INSTITUTED LOCKING RESTRAINTS, A POLICE OFFICER SHOULD EITHER ACCOMPANY THE PATIENT OR PROVIDE EMS PERSONNEL MEANS TO UNLOCK THE RESTRAINTS

DETERMINE BLOOD GLUCOSE
ADULT & PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE:
IF GLUCOSE <50 mg/dL, 1 tube ORAL GLUCOSE (15 grams) PO
PEDIATRIC WEIGHT <25 kg HYPOGLYCEMIA CARE:
IF GLUCOSE <50 mg/dL, ½ tube ORAL GLUCOSE (7.5 grams) PO

EMT OR HIGHER LICENSE:
MEASURE END – TIDAL CO_2 & MONITOR WAVEFORM CAPNOGRAPHY
(if equipped, **Mandatory use if pt intubated)

EMT - I85 / AEMT

IV ACCESS
ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,
ADULT: REPEAT UP TO 2 LITERS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg
PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

HYPOGLYCEMIA (GLUCOSE <50 mg/dL) - **ADULT & PEDIATRIC**
D10 5 mL/kg IVPB WIDE OPEN UP TO 250 mL OR
D25 2 mL/kg IV/IO UP TO 100 mL (must be ≥ 1 year of age) OR D50 1 mL/kg IV/IO UP TO 50 mL (must be ≥ 25 kg)
IF NO VASCULAR ACCESS OBTAINED & IF IO SEEMS EXCESSIVE TO CLINICAL STATUS:
GLUCAGON: IF PT WT ≥25 kg, 1mg IM; <25 kg, 0.5 mg IM
ADULT & PEDIATRIC: REPEAT DETERMINATION OF BLOOD GLUCOSE POST-HYPOGLYCEMIA TREATMENT

PARAMEDIC

CHEMICAL RESTRAINT: SEE PROTOCOL 7C

CONSULT OLMCP IF UNCERTAIN OF ETIOLOGY AND TREATMENT PLAN FOR PSYCHIATRIC PROBLEM OR IF ADDITIONAL RESTRAINT MEASURES NEEDED

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)