



Pat Quinn, Governor
Damon T. Arnold, M.D., M.P.H., Director

July 13, 2011 525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

Thomas R. Scaggs, MD
Chair, Region 6 EMS Advisory Council
Carle Foundation Hospital
210 E. University Avenue
Champaign, Illinois 61820

Dr Scaggs;

We have received and reviewed your request for revision of the following Region 6 protocols:

- Adult ILS and ALS protocols:
 - CHF/Pulmonary Edema
- Adult ALS protocol:
 - Sedation for the Extremely Agitated Patient
- Pediatric ALS protocols:
 - Painful, Swollen or Deformed Extremity
- Care Guideline:
 - Chest Decompression

Based on approval of all of the Region 6 EMS Medical Directors, these protocols may be used accordingly. These revisions will be filed as an amendment with each EMS System Plan.

Should you have questions, please contact Irene Wadhams, Region 6 EMS Coordinator, per phone 217-278-5900 or email Irene.wadhams@illinois.gov

Sincerely,

A handwritten signature in black ink that reads "Jack R. Fleeharty".

Jack R. Fleeharty, RN, EMT-P
Division Chief
EMS and Highway Safety

cc: Sam Gaines, Medical Director, OPR
Batuk Ramolia, EMS Medical Director, Crawford EMS System #0663
Joseph Burton, EMS Medical Director, Sarah Bush Lincoln EMS System, #0633
Lawrence Miller, EMS Medical Director, Provena EMS System, #0671
Phil Barnell, EMS Medical Director, St Mary's EMS System, #0623
Irene Wadhams, REMSC
John Sollars, Carle EMS System Coordinator, #0644
Bill Wood, St Mary's EMS System Coordinator, #0623
Shirley Sherwood, Sarah Bush Lincoln EMS System Coordinator, #0633
Melody Tedford, Crawford EMS System Coordinator, #0663
Shelley Peelman, Provena EMS System Coordinator, #0671
System Plan / System File #0623, #0644, #0633, #0663, #0671

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SEDATION FOR THE EXTREMELY AGITATED PATIENT

SPECIAL SITUATIONS

NOTE:

1. **Primary consideration should be given to EMS provider safety.**
2. **Notify police. Approach patient only when safe to do so.**
3. **Talk in an even, reassuring tone; only one provider should speak.**
4. **Restrain as needed if patient has a life-threatening emergency or suicidal/homicidal behavior. (see Region 6 Restraint Care Guideline)**
5. **Patient must be 14 years of age or older.**

CRITERIA: Any may be present

1. Extreme psychological and physiological excitement/agitation
2. Aggressive or hostile combative behavior marked by incoherence
3. Superhuman strength with near complete tolerance to pain
4. Impaired thinking and perception, paranoia
5. Relative inability to "talk down"

TREATMENT:

1. Initial Medical Care. Sedate patient as necessary (as per #5 below) based on patient's presentation and potential for self-harm. Contact medical control prior to sedation if questions/concerns exist regarding care.
 2. Airway and OXYGEN 15 L NRB.
 3. Assessment and history:
 - a. Look for medical or traumatic causes of the patient's behavior.
 - b. Note (and later document) behavior and mental status in detail.
 - c. Obtain medical history, alcohol and psychiatric history if able.
 4. IV of NS or saline lock if able.
 5. Administer VERSED 0.1 mg/kg IM. May repeat up to a maximum dose of 10 mg.
 6. Determine blood glucose.
 7. If glucose <60 mg/dl, administer DEXTROSE 50% 25g IV. If no IV access, administer GLUCAGON 1 mg IM.
 8. If history of alcoholism or alcoholism is suspected, administer THIAMINE 100 mg IV/IM.
 9. Transport. If restrained, have police accompany patient.
 10. Contact Medical Control.
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May 2011

ALS

SEDATION FOR THE EXTREMELY AGITATED PATIENT

SPECIAL SITUATIONS

NOTE:

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- 2. Notify police. Approach patient only when safe to do so.**
- 3. Talk in an even, reassuring tone; only one provider should speak.**
- 4. Restrain as needed if patient has a life-threatening emergency or suicidal/homicidal behavior. (see Region 6 Restraint Care Guideline)**
- 5. Patient must be 14 years of age or older.**

CRITERIA: Any may be present

1. Extreme psychological and physiological excitement/agitation
2. Aggressive or hostile combative behavior marked by incoherence
3. Superhuman strength with near complete tolerance to pain
4. Impaired thinking and perception, paranoia
5. Relative inability to “talk down”

TREATMENT:

1. Initial Medical Care. Sedate patient as necessary (as per #5 or #6 below) based on patient’s presentation and potential for self-harm. Contact medical control prior to sedation if questions/concerns exist regarding care.
 2. Airway and OXYGEN 15 L NRB.
 3. Assessment and history:
 - a. Look for medical or traumatic causes of the patient’s behavior.
 - b. Note (and later document) behavior and mental status in detail.
 - c. Obtain medical history, alcohol and psychiatric history if able.
 4. IV of NS or saline lock if able.
 5. Administer KETAMINE 5 mg/kg IM or 1.5 mg/kg IV.
 6. Alternative chemical sedative: VERSED 0.05mg/kg IVP Q3-5 minutes up to a total of 3 doses as needed or maximum 10mg.
 7. Treat any potential allergic complications as per Region 6 “Allergic Reaction” protocol. Manage airway as necessary.
 8. Determine blood glucose.
 9. If glucose <60 mg/dl, administer DEXTROSE 50% 25g IV. If no IV access, administer GLUCAGON 1 mg IM.
 10. If history of alcoholism or alcoholism is suspected, administer THIAMINE 100 mg IV/IM.
 11. Transport. If restrained, have police accompany patient.
 12. Contact Medical Control.
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December 2008