



INDICATIONS

• Agitation or violent behavior where the patient cannot be properly assessed, treated, or transported &/or provider, patient, and public safety are at risk

CONTRAINDICATIONS / CAUTIONS

• Not applicable

NOTES 1. The severly agitated and / or violent patient poses a particular challenge to paramedics. These individuals can be a risk to paramedics and the public, as well as themselves. And, the use of chemical sedation and physical restraint introduces significant risk of iatrogenic injury. Paramedics should keep a low threshold to call the Virtual Emergency Care & Transport Resource Service (VECTRS) and consult online medical support (OLMS) for clinical advice and help with destination decisions. 2. There are multiple potential causes of severe agitation (table A). While intoxication or withdrawal are more common in younger patients, and delirium and dementia are seen more often in older individuals, any cause can occur at any age. 3. Amphetamine-type stimulants, such as methamphetamine, can cause an acute psychosis in up to one-third of users. Symptoms consist of agitation, paranoia, and hallucinations. Findings may include dilated pupils, abnormal vital signs (fever, tachycardia, hypertension), and excessive pacing and talking. Patients can deteriorate rapidly and seizures can occur. It can last for several days post-ingestion and can recur during periods of abstinence. It may be accompanied by the rapid development of extreme paranoia, and extremely violent behavior with enhanced physical strength. Early administration of oral olanzapine may lessen the severity and duration of psychosis. After the onset of the psychosis, voluntary medication administration may be difficult. 4. For most causes of agitation, a benzodiazepine is usually a safe first-line agent. However, excessive sedation and respiratory depression are common. Be prepared to manage the airway and breathing! Patient who have ingested stimulants (e.g. cocaine, amphetamines, and phencyclidine) or are in withdrawal from central nervous system depressants (alcohol, benzodiazepines, and barbiturates) can quickly progress to seizures and cardiovascular instability, and should receive prompt administration of a benzodiazepine. 5. Second-line agents should be added if benzodiazepines are ineffective. a. Haloperidol can lower the seizure threshold and should be used with extreme caution if postictal delirium is suspected. b. Evidence supporting the use of ketamine in the prehospital management of the agitated patient is limited, but does suggest that it is more likely to cause complications (including the need for endotracheal intubation). Ketamine should be avoided in patients with schizophrenia as it can exacerbate their psychosis. 6. Close monitoring is essential. Pulse oximetry, cardiac monitor, end-tidal capnometry and frequent blood pressure measurements should be established as soon as the patient's agitated state allows.

7. The use of physical restraint is not without risk. If utilized it must be accompanied by adequate chemical sedation so that the patient does not fight against the restraints, potentially causing injury. And, paramedics must have a clear view (and ready access) to the airway and chest.

TABLE A: COMMON CAUSES OF AGITATION & VIOLENT BEHAVIOR		
•	Alcohol or drug intoxication / ingestion (e.g. methamphetamine, cocaine, cannabis) Alcohol or drug withdrawal (e.g. benzodiazepine, baclofen) CNS bleed, infection, tumor	
•	Dementia Hypoglycemia	
•	Hypothermia / hyperthermia Hypoxia	
•	Personality disorder / disordered impulse control Psychosis	
•	Seizure / postictal delirium) Shock (agitation can be an early sign of cerebral hypoperfusion)	
•	Thyroid storm / hyperthyroidism Traumatic brain injury	

LINKS

- A01 Standard Clinical Approach
- B02 Standard Destination & Redirection
- M07.1 Midazolam
- M07.2 Lorazepam
- M17 Ketamine
- M22 Olanzapine
- M34 Haloperidol

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VERSION CHANGES (refer to X05 for change tracking)

- Addition of advanced work scope
- Revised flow chart & notes for greater clarity & ease use
- Table of common causes added