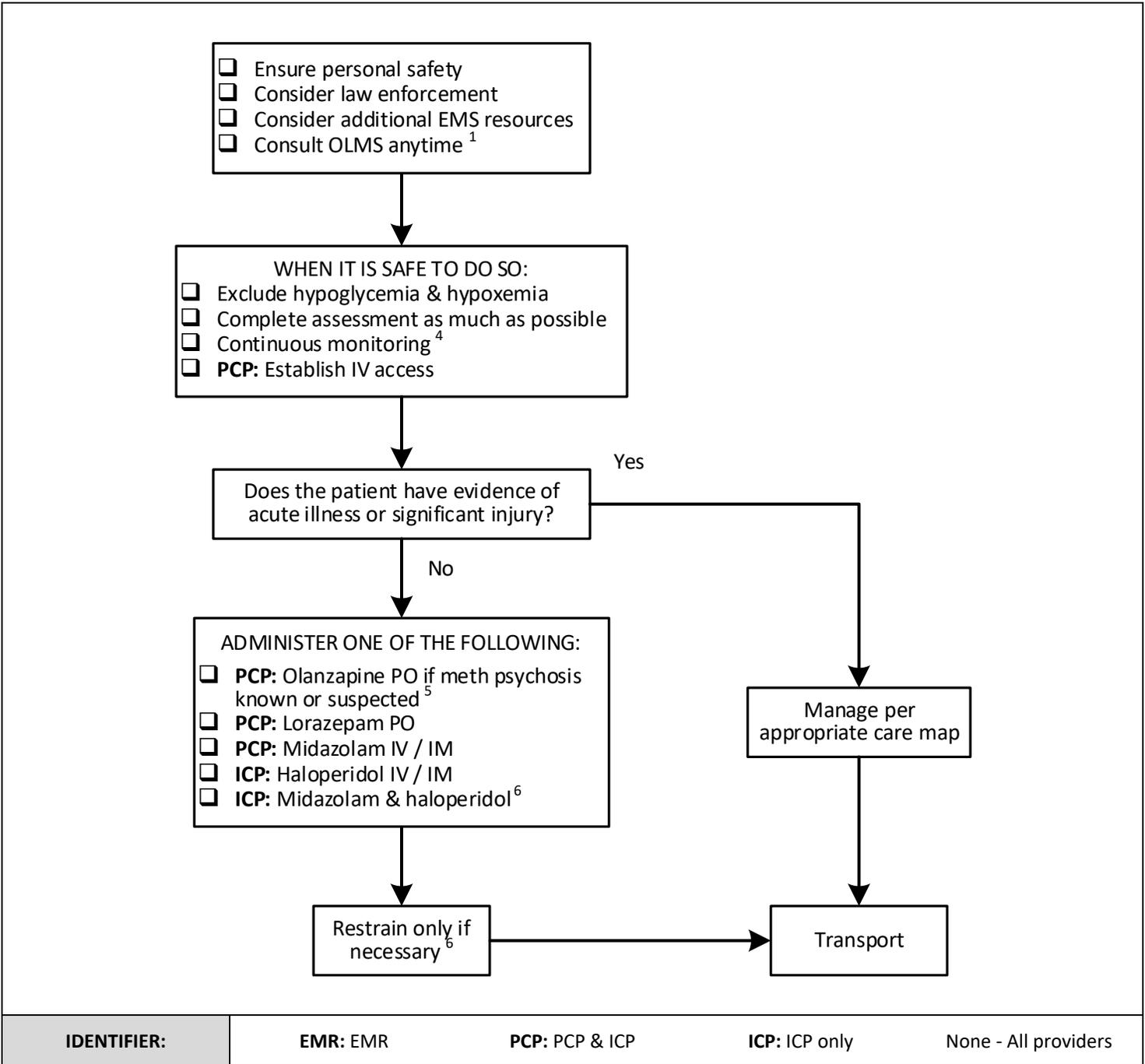


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|  | E02 - AGITATION | |
| | Adult & adolescent | MEDICAL |
| Version date: 2023-10-17 | | Effective date: 2023-10-24 (0700 hrs) |



INDICATIONS

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

CONTRAINDICATIONS

- Not applicable

NOTES

1. Agitated patients, especially those who require physical and/or chemical restraint can be difficult to manage and are at high risk of rapid deterioration and death. Consult on-line medical support (OLMS) at any time.
2. Whenever *possible*, verbal de-escalation and redirection is preferred over chemical or physical restraint.
3. Two of the most common causes of agitation are **stimulant ingestion** (cocaine, amphetamines, and phencyclidine) and **withdrawal** from various suppressants (alcohol, benzodiazepines, and barbiturates). Patients in withdrawal from these agents can quickly progress to seizures and cardiovascular instability.
4. In all patients, perform continuous monitoring to the fullest extent possible. **Monitoring respirations is essential after administration of any sedative.** Pulse oximetry, cardiac monitor, capnometry and frequent blood pressure measurements should be established as soon as the patient's state allows. Be prepared to manage the airway and breathing.
5. **METH PSYCHOSIS:** 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 may 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 olanzapine may lessen the severity and duration of psychosis. After the onset of the psychosis, voluntary medication administration may be difficult.
6. Physical restraint must be applied in accordance with the local Regional Health Authority (RHA) policy or Shared Health policy and protocol.

LINKS

M07.1 - MIDAZOLAM
M07.5 - LORAZEPAM
M34 - HALOPERIDOL
M22 - OLANZAPINE

| APPROVED BY | |
|---|---|
|  |  |
| EMS Medical Director | EMS Associate Medical Director |

| VERSION CHANGES (refer to X05 for change tracking) |
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| <ul style="list-style-type: none">• Correction of link for M34 - Haloperidol• Identifier legend at bottom of flow chart replaces work scope statement in header |