



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
PSYCHIATRIC/BEHAVIORAL EMERGENCIES (ADULT/ADOLESCENT)

#: BH-M-30
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Org. Date: 12/2006
Date: 04/01/17

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. Patients who show signs of agitation and irrational thought should be considered to have Excited Delirium and should be immediate ALS escort to the nearest appropriate ERC.
3. Consider naloxone (Narcan ®) for behavioral emergencies associated with respiratory depression and/or hypoventilation.

ALS STANDING ORDER

1. Identify if patient's behavior is threat to self and/or others; if so:
 - Contact law enforcement for evaluation/assistance as necessary.OR,
 - Transport patient to nearest ERC
2. Pulse oximetry as tolerated; if room air oxygen saturation less than 95% or signs of hypoxia are noted:
 - ▶ *High-flow oxygen by mask or cannula at 6 l/min flow rate as tolerated (Use of a "spit sock" that protects from exposure to a patient actively spitting is approved for use if the "sock" is of see-through design and allows ongoing assessment of airway and perfusion).*
3. If signs or symptoms of poor perfusion and lungs clear to auscultation (no evidence CHF) OR signs of excited delirium:
 - ▶ *Establish IV access if can be safely established.*
 - ▶ *Infuse 250 mL Normal Saline bolus, may repeat up to maximum 1 liter to maintain adequate perfusion.*
4. Blood glucose analysis, if blood glucose less than 80, administer one of:
 - ▶ *Oral glucose preparation, if tolerated and airway reflexes are intact.*
 - ▶ *10% Dextrose 250 mL IV*
 - ▶ *Glucagon 1 mg IM if unable to establish IV.*

Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose < 80, unable to establish IV and there is no response to IM glucagon.
5. If agitation and respiratory distress, immediately transport to ERC.
6. For respiratory depression or hypoventilation:
 - ▶ *Assist ventilation with BVM and high-flow oxygen.*
 - ▶ *Naloxone (Narcan™):*
 - *0.8, 1 or 2 mg IN or IM, every 3 minutes as needed; OR*
 - *0.4 to 1 mg IV, every 3 minutes as needed; OR*
 - *4mg/0.1 mL preloaded nasal spray IN*

Approved:

Reviewed: 11/16
Final Date for Implementation: Apr 01, 2017
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ALS STANDING ORDER

7. If presenting in state of excited delirium, transport immediately to nearest ERC. If agitation interferes with loading for transport give:
 - ▶ *Midazolam 5 mg IM/IV/IN once (assist ventilation and support airway if respiratory depression develops).*
8. Transport to nearest appropriate ERC (ALS escort if ALS procedure or medication provided).

Approved:

A handwritten signature in blue ink, appearing to read "S. P. [unclear]".

Reviewed: 11/16
Final Date for Implementation: Apr 01, 2017
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