

Nor-Cal EMS Policy & Procedure Manual

Treatment Guidelines

Effective Date: 03/01/2025

Next Revision: 03/01/2028

Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR

SIGNATURE ON FILE

Identify yourself to patient, limits the number of providers interacting with patient
 Use calm, nonthreatening manner; try not to irritate patient
 Assess ABC's, Obtain History
 Perform quick Physical Exam to include VS, SpO₂, Temperature
 Titrate SpO₂ to 94%

Mild to Moderate Anxiety

Anxious, Agitated, Non-combative, not verbally or physically aggressive; has the potential to be easily provoked
 Verbally confrontational, uncooperative, easily provoked, disruptive without danger, threatening physical posture

If BG is less than 65
 Treat as appropriate and see **ALOC protocol 1205**

Suspected OD, Ingestions: Policy 1211

ALS

Establish IV/IO and ECG when feasible
 fluid bolus as appropriate
 Must use **ETCO₂** if giving any sedation medication

Severely Agitated and/or Combative Patient requiring Restraint for Patient or Provider Safety

Extremely aggressive, poses immediate and grave danger to self and/or others
AND exhibits one or more of the following:
 Confused/incoherent
 Hyperthermia, Diaphoresis
 Tachycardia, Impervious to pain/fatigue, significantly increased strength, Abnormal VS, Hallucinations, Paranoia

Consider:
 Olanzapine 10mg ODT or

Lorazepam 1mg IV/IO or 2mg IM x1
 MR with BHPO

Midazolam
 5-10mg IM/IN and/or

Titrate 1-2mg IV/IO (max single dose 2mg)
 May Repeat to a max dose of 15mg
No additional Midazolam without BHPO

Indications for Olanzapine

Cooperative patient with primary behavioral health presentation and history of psychiatric disorder, not requiring physical or chemical restraints.

Use least restrictive treatment and escalate care as needed; only **use physical restraints when necessary to ensure patient and provider safety**.

Do not overlook the possibility of associated abuse or assault

Consider:
 Cooling measures (No Antipyretics)
 Fluid bolus 1000ml x1 (Max of 2 liters)