



General Medicine
PATIENT AGITATION
formerly 'Patient Restraint'
Practice Guideline

Patient Care Goals

1. Protect patient, bystanders and EMS from harm
2. Escalate intervention to achieve safe control of the patient and the situation
3. Identify when law enforcement or other resources are needed
4. Agitation is a symptom requiring management - look for the underlying cause and treat as needed

Patient Presentation
Inclusion Criteria
 Agitated or combative patients demonstrating behavior which represents a clear risk of harm and danger to themselves or others; usually the result of acute intoxication, overdose, or mental health crisis

Agitation

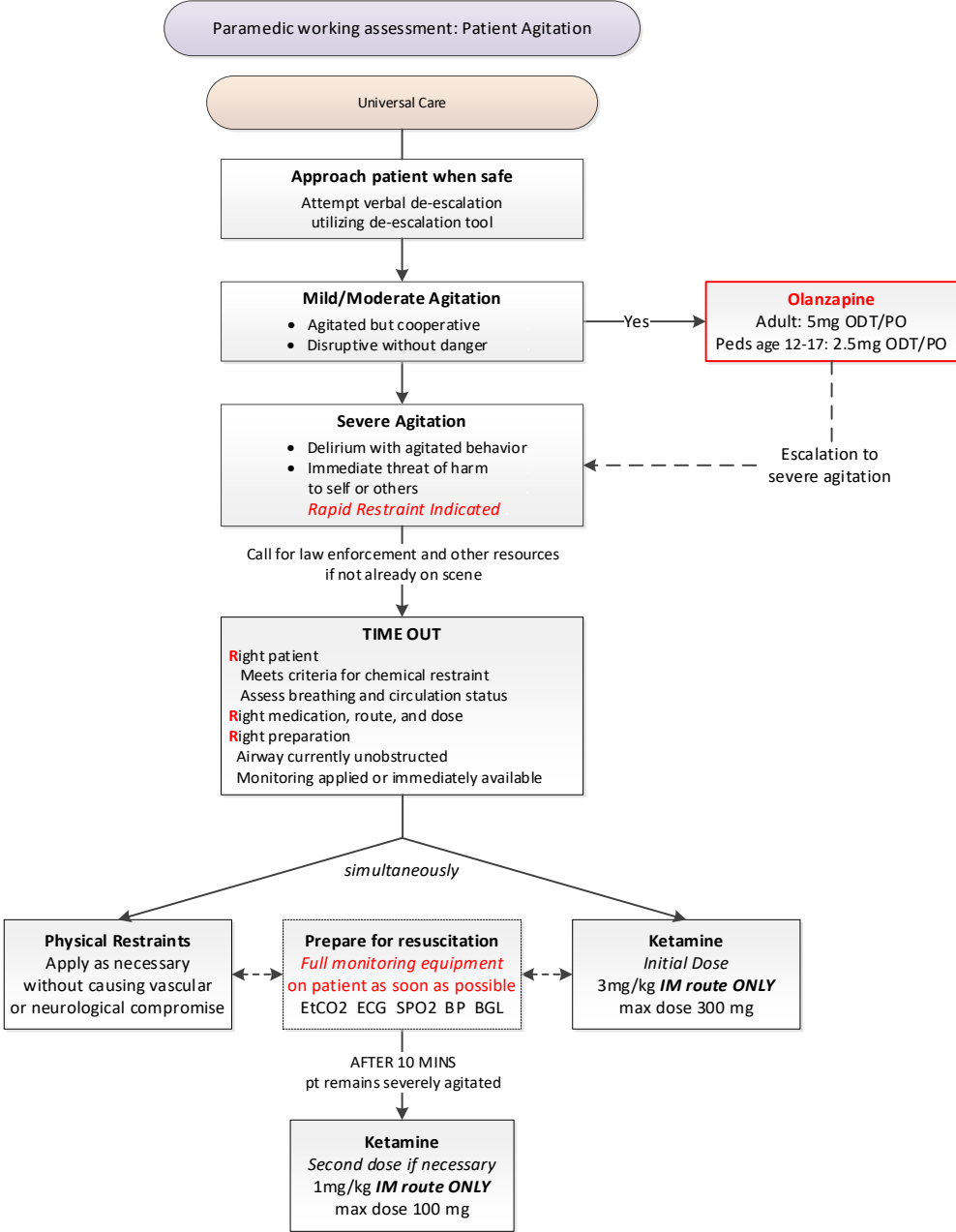
- Mild: Agitated but cooperative
- Moderate: Disruptive without danger
- Severe: Dangerous to self and/or others

Patient Management
 Non-verbal and verbal de-escalation
Medication (NOTE: Medication interventions are EMS decisions)
Ketamine (severe agitation)
 Initial Dose: 3 mg/kg IM ROUTE ONLY (max single dose 300 mg)
 After 10 mins pt remains combative:
 Second Dose: 1 mg/kg IM ROUTE ONLY (max single dose 100 mg)
 Additional orders from OLMC
Olanzapine (mild/moderate agitation)
 Adult: 5 mg ODT/PO
 Peds age 12-17: 2.5 mg ODT/PO

Patient Safety Considerations
 Use minimal force during physical restraint
 Delirium and agitated behavior are associated with high mortality; deploy chemical restraint to minimize delirium, forceful restraint Ensure restraint allows for uninterrupted chest wall expansion and ventilation; **never restrain patient in prone position**
 Ensure appropriate equipment to perform all patient care guidelines
 Law Enforcement (LE)
 LE may control scene, but EMS should control patient; accessing pt is critical; advocate for access when barrier exists; impedance should be verbally addressed and documented
 LE does not make medical decisions, including chemical restraint
 Hand cuffs are NOT restraints
 If handcuffs are utilized by LE, LE officer must be present with pt at all times during EMS care and transport

Quality Improvement
 Document medical decision making detailing need for chemical and physical restraint
 Circumstances/behavior which precipitated use of restraint
 Result of less restrictive measures
 Time and type of restraint
 Position of patient upon restraint and transport
 Patient weight
 Document patient status on arrival to ED

Performance Measures
 Full monitoring: EtCO2, ECG, SPO2, BP, BGL
 Attempt to rule out medical cause for patients abnormal behavior
 A Airway, alcohol, arrest
 E Epilepsy, electrolytes, endocrine
 I Insulin
 O Overdose, oxygen depletion, opiates
 U Uremia (chronic renal failure)
 T Trauma, tumors, temp
 I Infection
 P Psych, pseudoseizures
 S Syncope, shock, stroke, sickle cell
 V Vascular, inadequate blood flow



Initiated: 12/10/1992
 Reviewed/Revised: 04/15/2024
 Revision 30

Approved: Benjamin Weston, MD, MPH Medical Director
 Approved: Dan Pojar, BSEMS, FP-C, NRP EMS Division Director
 WI DHS EMS Approval:

Pg 1 of 2



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KETAMINE - SEVERE AGITATION														
KETAMINE	ADULT DOSE		PEDIATRIC DOSE		ADMINISTRATION GUIDELINE					INDICATIONS		CONTRA-INDICATIONS		MACC
Severe Agitation IM	1st Dose: 3 mg/kg 300 mg max		2nd Dose: 1 mg/kg 100 mg max		Do not dilute					Delirium with agitated behavior Immediate threat of harm to self or others		This dosing is NOT to be used for Post Airway Sedation		
	Concentration: 500 mg in 5 mL													
<i>Initial Dose</i>														
Weight (kg)	5	10	15	20	25	30	35	40	50	60	70	80	90	100
Dose (mg)	15	30	45	60	75	90	105	120	150	180	210	240	270	300
Pt Restraint (3.0 mg/kg)	0.2 mL	0.3 mL	0.5 mL	0.6 mL	0.8 mL	0.9 mL	1.1 mL	1.2 mL	1.5 mL	1.8 mL	2.1 mL	2.4 mL	2.7 mL	3 mL
<i>Second Dose (Contact OLMC for additional dosing beyond second dose)</i>														
Weight (kg)	5	10	15	20	25	30	35	40	50	60	70	80	90	100
Dose (mg)	5	10	15	20	25	30	35	40	50	60	70	80	90	100
Pt Restraint (1.0 mg/kg)	0.1 mL	0.1 mL	0.2 mL	0.2 mL	0.3 mL	0.3 mL	0.4 mL	0.4 mL	0.5 mL	0.6 mL	0.7 mL	0.8 mL	0.9 mL	1 mL

OLANZAPINE											
OLANZAPINE	ADULT DOSE		PEDIATRIC DOSE		ADMINISTRATION GUIDELINE		INDICATIONS		CONTRA-INDICATIONS		MACC
Mild/Moderate Agitation ODT/PO	5 mg		Age 12-18 2.5 mg		ODT: Ask patient to allow the ODT to dissolve under their tongue Tablet: Ask patient to swallow tablet using a sip of water		Mild/Moderate Agitation		Dementia		
	Concentration: 5 mg ODT or 2.5 mg tab										

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