6.01 AGITATED / VIOLENT PATIENT
EMSAC JULY 2025

Basic Life Support (BLS) Treatment

- Assess scene safety and involve law enforcement if indicated to ensure safety.
- Attempt verbal de-escalation. Verbal de-escalation is the first step in managing an agitated/violent patient. Involve caregivers. Utilize an even vocal tone and be aware of body language and threatening physical gestures.
- Consider physical restraints (4-point, soft restraints with patient in supine position) if patient continues to represent danger to self or others and multiple de-escalation techniques are unsuccessful.
- For placement of restraints, use only the minimum amount/type of restraint necessary using the minimum amount of force.
- NPO.
- Use **Oxygen** as indicated.
- If glucose <60, treat for hypoglycemia under Protocol 2.03 (Altered Mental Status).

Advanced Life Support (ALS) Treatment

- If glucose <60, treat for hypoglycemia under Protocol 2.03 (Altered Mental Status).
- For anxious, cooperative patients with a suspected psychiatric history experiencing symptoms (e.g. auditory hallucinations) offer the patient **Olanzapine ODT** to self-administer or have the paramedic assist in administering. If patient behavior escalates and becomes violent, use **Midazolam** as second line agent after olanzapine.
- For adults with severe agitation posing a danger to self: administer either
  - **Droperidol IM** OR
  - **Midazolam IM**
- For adults with severe agitation posing a danger to self or others and SBP > 90: administer **Midazolam.** Midazolam may be administered without a SBP value in cases where significant patient movement prohibits assessment.
- ~~Do NOT use intranasal **Midazolam** in actively resisting agitated patients since its degree of absorption is unknown.~~
- All patients receiving a chemical restraint must have continuous cardiac, EtCO2, and pulse-oximetry monitoring and have frequent reassessment OR documentation as to why monitoring was limited AND other non-technological assessment options that were utilized (e.g. airway, breathing, circulation)
- **Utilization of medication to treat agitation is a critical healthcare decision. The decision shall be made by EMS personnel, not law enforcement.**

Comments

- Physical restraints must NOT be placed in such a way as to prevent evaluation of the patient's medical status (e.g. airway, breathing, circulation), impede patient care, or harm the patient. Circulation to extremities (distal restraints) should be evaluated frequently. If handcuffs are applied by law enforcement, a law enforcement officer shall accompany the patient in the ambulance.
- Patients shall not be placed, restrained, or transported in a prone position. If patient is prone upon arrival, patient shall be placed in a supine position upon assuming care.
- For restraint procedures, see Policy 4043 (EMS Use of Physical Restraints).
- A patient can be transported to a Receiving Facility for further assessment, even if the patient refuses treatment by prehospital providers, if the patient is placed on a 5150 involuntary hold, meaning that, they are:
    1. a danger to self;
    2. a danger to others; and/or
    3. unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care due to a mental disorder, severe substance use disorder, or both.
- A patient on an LPS conservatorship may not have capacity to refuse medical treatment. You must review the patient's letters of conservatorship (i.e., Court Order) to determine whether the patient lacks capacity to make decisions regarding psychiatric treatment, routine medical care, or necessary/non-routine medical care. Emergent/life-saving treatment may always be provided without consent from the decision-maker.
- A patient on an LPS conservatorship cannot refuse transport to a Receiving Facility without the approval of the conservator (Welfare and Institutions Code § 5358.5). Contact the conservator in this situation.
- Based on the totality of the circumstances and after de-escalation steps have failed or are likely to imminently fail, should EMS personnel directly perceive or have a reasonable perception that the patient may become or is already presenting as agitated, violent, or could harm or injure personnel during a physical restraint procedure, EMS Personnel must consider calling law enforcement if law enforcement is not already on scene.
- If law enforcement officers are on standby, EMS Personnel shall clearly articulate to law enforcement officers the threat, including, but not limited to, factors showing the patient is passively or actively resisting restraints, exhibiting agitated or violent behavior, and is a public safety risk. Law enforcement officers will evaluate the situation and based on their knowledge, skill, experience, training, and applicable policies and procedures, they will determine to what extent, if any, they may assist EMS Personnel with applying restraints.

Base Hospital Contact Criteria

- For additional **Midazolam or Droperidol** dosing for patient with continued agitation

Appendix A – ERASER Mnemonic

EMS providers shall be mindful of iatrogenic escalation, as defined as escalation of the patient's agitated state by EMS or healthcare personnel acting in ways that the patient does not expect or desire (e.g. restricting a patient's freedom to move (cornering the patient), taking away a patient's belongings, or invalidating, confronting, arguing with, or intimidating a patient).

When feasible to do so, the ERASER mnemonic strategies may be utilized to minimize patient agitation. This is not a comprehensive list for all purposes and is listed in no particular order.

E	**Eyeball the patient**	Evaluate the patient from a safe distance. Survey the scene and ask about weapons or other features that make the scene unsafe. Decide if law enforcement is necessary (if in doubt, err on the side of caution and involve law enforcement). Are there signs that the patient will not respond to verbal de-escalation?
R	**Respect the patient's space**	Patient behavior may escalate when there is intrusion into their personal space. EMS personnel should maintain a respectful distance while being aware of escape routes should the patient become violent.
A	**A single member of EMS personnel does the talking and builds rapport**	Establishing rapport is critical. When multiple EMS personnel are on the scene, a single individual should be charged with talking to the patient. The EMS personnel charged with this task must remain neutral, and avoid demonstrating anger, frustration, or fear. This individual should: • State their name and position, • Offer to help. • Be genuine and honest. • Use a calm, reassuring, and helpful voice, and a neutral expression. • Ask concise questions, and provide concise statements and instructions. • Give the patient time to respond.
S	**Sensible listening**	Patients want to be heard. Patients who are upset or confused often want a way to resolve the issue. Try to understand what the patient wants. Show a willingness to calmly listen to the patient, without reacting to demands. If EMS personnel become reactive, angry,

		frightened, or frustrated, this could result in the patient becoming re-agitated and escalation. If this happens, other EMS personnel may need to step in.
E	**Establish expectations and set boundaries**	Set boundaries with the patient about behavior that will not be tolerated, consequences of actions, and what the patient can expect. Be clear. Avoid using language that can sound intimidating or threatening. • Give specific instructions such as "can you please sit down so we can talk?", "can you put your bag down?". Avoid generic directives like "calm down" or "relax". • Provide a clear direction about the need to ensure the safety of the patient, EMS personnel and the public. Inform that restraint or medications will be given as necessary, but as a last resort.
R	**Reasonable choices are given to the patient**	By retaining some degree of control, many patients will comply with direction if given reasonable choices. For example, EMS personnel could say, "would you like to walk over to the ambulance and sit on the bed inside, or do you prefer we bring the gurney over here for you to sit on?"