



# EMS System for Metropolitan Oklahoma City and Tulsa 2020 Medical Control Board Treatment Protocols



Approved 9/11/19, Effective 1/15/20, replaces all prior versions

- TREATMENT PRIORITIES**
1. Asses scene safety
  2. Safety of self
  3. Safety of public safety professionals
  4. Safety of patient
  5. Treat excited delirium

## 7C – CHEMICAL RESTRAINT ADULT & PEDIATRIC

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

<b>EMR</b>	<b>EMT</b>
<p>ASSIST IN PHYSICAL CONTROL OF PATIENT FOR PARAMEDIC TO ADMINISTER CHEMICAL RESTRAINT</p> <p>USE ADEQUATE NUMBERS OF PUBLIC SAFETY PROFESSIONALS TO MINIMIZE RISK OF INJURY TO SELF AND OTHERS</p> <p>UNLESS UNSAFE TO DO SO, PERFORM THE FOLLOWING POST- CHEMICAL RESTRAINT: GENERAL SUPPORTIVE CARE – DO NOT LEAVE PATIENT ALONE OBTAIN VITAL SIGNS O<sub>2</sub> VIA NC or NRB AS APPROPRIATE APPLY CARDIAC MONITOR (if equipped)</p> <p><b>EMT OR HIGHER LICENSE:</b> MEASURE END-TIDAL CO<sub>2</sub> &amp; MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)</p>	

<b>EMT-185</b>	<b>AEMT</b>
<p>IV ACCESS IF PT TEMPORARILY COOPERATIVE DO NOT RISK SELF INJURY WITH NEEDLESTICK IN IV ACCESS IF PT COMBATIVE</p>	

<b>PARAMEDIC</b>
<p><b>CHEMICAL RESTRAINT:</b></p> <p><b>ALL PATIENTS REQUIRING CHEMICAL RESTRAINT ARE TO BE PHYSICALLY RESSTRAINED AS WELL</b></p> <p><b>ADULT:</b> MIDAZOLAM 0.1 mg/kg IM/IVP/IN/IOP TO MAX OF 5 mg. MAY REPEAT ONCE. <b>OR</b> <b>ADULT:</b> DIAZEPAM 5 mg IVP/IOP or 10 mg IM IF MIDAZOLAM NOT AVAILABLE. MAY REPEAT ONCE. <b>OR</b> <b>ADULT:</b> LORAZEPAM 2 mg IVP/IOP/IM IF MIDAZOLAM NOT AVAILABLE. MAY REPEAT ONCE. (MIDAZOLAM STRONGLY PREFERRED DUE TO MOST RAPID ONSET OF ACTION OF BENZODIAZEPINE OPTIONS) <b>PLUS.</b> <b>ADULT:</b> HALOPERIDOL 5 mg IM</p> <p><b>PEDIATRIC:</b> MIDAZOLAM 0.1 mg/kg IM/IVP/IN/IOP TO MAX OF 5 mg. <b>OR</b> <b>PEDIATRIC:</b> DIAZEPAM 0.1 mg/kg TO MAX OF 5 mg IVP/IOP/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE. <b>OR</b> <b>PEDIATRIC:</b> LORAZEPAM 0.1 mg/kg TO MAX OF 2 mg IVP/IOP/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE.</p> <p>CONSULT OLMCP IF UNCERTAIN OF ETIOLOGY AND TREATMENT PLAN FOR PSYCHIATRIC PROBLEM OR IF ADDITIONAL CHEMICAL RESTRAINT MEASURES NEEDED</p> <p>CONTINUOUS ASSESSMENT &amp; TREATMENT PER APPLICABLE PROTOCOL(S)</p>