ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITALTREATMENT GUIDELINES
PSYCHIATRIC/BEHAVIORAL EMERGENCIES - PEDIATRIC

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. If presenting in a state of hyperactive delirium with symptoms of agitation, hallucinations, violent/bizarre behavior, hyperthermia, and increase strength, interfering with SAFE transport of this patient give:

   - ***Midazolam 0.1 mg/kg IM/IV/IN (maximum 5mg). Assist ventilation and support airway if respiratory depression develops.***

3. The Base Hospital Physician can order additional doses of Versed if symptoms of agitation, combativeness, and/or toxic delirium continue to interfere with the SAFE transport of this patient.

4. Be sure to remind the medic to closely monitor for potential respiratory depression.

5. Should hypotension occur, treat with 20 mL/kg IV NS (maximum 250mL), repeat as necessary.

6. Patients who show signs of agitation and irrational thought should be considered to have a toxic delirium and should be immediate ALS escort to the nearest appropriate ERC.

7. If police are present on scene, they may place a patient under a 5585 hold and escort the ambulance to the designated facility, which should be the nearest open ERC unless a Specialty center is necessary.

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:
   - *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 skin perfusion).

3. If signs or symptoms of poor perfusion and lungs clear to auscultation (no evidence CHF) OR signs of toxic delirium:
   - *Establish IV access if can be safely established.*
   - Infuse *20 mL/kg Normal Saline (maximum 250 ml) IV/IO bolus, may repeat twice for a total of three boluses as a standing order to maintain adequate perfusion.*

4. Consider hypoglycemia with blood glucose analysis. Treat a blood glucose of 60 or less using an option listed below. If hypoglycemia is suspected and blood glucose is in the range of 60 to 80, treatment based on field impression is appropriate.
   - Oral glucose preparation if airway reflexes are intact.
   - 10% Dextrose 5 mL/kg IV (maximum 250 mL).
   - Glucagon 0.5 mg IM if unable to establish IV.
     Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose < 60, 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 (respiratory rate less than or equal to 12 per minute) or hypoventilation:
   - *Assist ventilation with BVM and high-flow oxygen.*
   - Naloxone {Narcan™):
     - *0.1 mg/kg IN or IM (maximum 1 mg), every 3 minutes as needed; OR*
     - *0.1 mg/kg IV (maximum 1 mg), every 3 minutes as needed; OR*
     - *4 mg/0.1 ml preloaded nasal spray IN*

7. If presenting in state of toxic delirium, transport immediately to nearest ERC. If agitation interferes with loading for transport, contact Base Hospital (CCERC preferred) for possible midazolam order.

8. Transport to nearest appropriate ERC (ALS escort if ALS procedure or medication).

Approved: Carl Schultz, MD.

Review Dates:

Final Date for Implementation: 4/01/2024