



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
PSYCHIATRIC/BEHAVIORAL EMERGENCIES (ADULT/ADOLESCENT)

#: BH-M-30
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Org Date: 12/2006
Date: 12/29/2025

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. The Base Hospital 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.
3. Be sure to remind the medic to closely monitor for potential respiratory depression.
4. Should hypotension occur, treat with 250cc IV NS, repeat as necessary.
5. Patients who show signs of agitation and irrational thought should be considered to have toxic delirium and should be immediate ALS escort to the nearest appropriate ERC (mortality for toxic delirium has been reported as high as 10%).
6. If police are present on scene, they may place a patient under a 5150 hold and escort an ambulance to the facility the paramedics determine appropriate if no medical complaint or problem is obvious. EMS transport should be to the nearest ERC that is not on divert status.

OCEMS Policy 310.10: LAW ENFORCEMENT OR MENTAL HEALTH PROVIDER 5150 HOLD:

A patient being detained under a 5150 hold shall be transported to the nearest ERC unless:

1. Such transport is not medically in the best interest of the patient as determined by OCEMS Standing Order or the Base Hospital; or

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 250 mL Normal Saline bolus, may repeat up to maximum 1 liter 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 250 mL (titrated for effect to improve consciousness).*
 - *Glucagon 1 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.

Approved:

Carl Schults, MD

Reviewed: 11/16, 8/17, 8/21, 02/24, 12/25
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2. The preferred facility has declared it is on Emergency Department Saturation diversion status (by ReddiNet®). This exception to preferred transport destination does not apply when a patient is scheduled to bypass the Emergency Department for direct admission to an available in-patient bed or diagnostic site (eg. CT scan, MRI, GI laboratory).

Specialty center transport destination to a trauma, cardiovascular center, stroke-neurology receiving center, burn, and replant center is determined by an OCEMS Base Hospital.

7. Per policy #330.57:

It is not the intent of this policy to require paramedics to place themselves in situations where they put their health and safety at risk. If law enforcement refuses to place a patient in restraints, and the paramedics on scene do not feel safe in attempting patient restraint on their own, the paramedics should make base hospital contact to seek further guidance.

If no other option is available after discussion with the MICN and/or the base hospital physician, and law enforcement will not provide assistance, the paramedics may leave the patient at the scene.

ALS STANDING ORDER

6. For respiratory depression or hypoventilation:

- Assist ventilation with BVM and high-flow oxygen.
- Naloxone (Narcan™):
 - 0.8, 1 or 2 mg IN or IM, every 3 minutes as needed; OR
 - 0.4 to 1 mg IV, 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 give:

- Midazolam 5 mg IV (assist ventilation and support airway if respiratory depression develops). May repeat one time in 5 minutes if no improvement.

OR

- Midazolam 10 mg IM/IN once (assist ventilation and support airway if respiratory depression develops).
- Consider 5 mg IM/IN route for patients older than 65 (assist ventilation and support airway if respiratory depression develops). May repeat one time in 5 minutes if no improvement.

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

Approved:

Carl Schults, HO.

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