



<h1>NYC REMAC</h1>			
Advisory No.	2015-01		
Title:	<b>REVISION: ALS Protocol 530 Emotionally Disturbed Patient</b>		
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The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

ALS protocol 530 (Emotionally Disturbed Patient) is being revised, specific to Prehospital Chemical Restraint Procedures. Agitated patients struggling while being restrained may be in danger of respiratory and/or cardiac arrest. In order to protect the patient, administration of Midazolam, 10 mg, IM or IN has now been made a Standing Order. **THE PREFERRED ROUTE OF ADMINISTRATION FOR AN AGITATED, STRUGGLING PATIENT IS IM.** A mandatory QA Component is required.

The revised protocol is attached. New language is **Bold Blue Underscored**. Deleted language is **~~Bold Red Strike-out~~**.

Current and Updated Protocols can be accessed at the Regional EMS Council website:  
[www.nycremsco.org](http://www.nycremsco.org).

**Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.**

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530

EMOTIONALLY DISTURBED PATIENT

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1. Begin Basic Life Support procedures.

**NOTE: ASSESS SUCH PATIENTS FOR AN UNDERLYING MEDICAL OR TRAUMATIC CONDITION CAUSING AN ALTERED MENTAL STATUS AND TREAT AS NECESSARY.**

~~2. Contact medical control if patient agitation inhibits treatment.~~

3. Prehospital Chemical Restraint Procedure: If patient is at risk for respiratory or cardiac arrest by continuing to struggle while being physically restrained, administer Midazolam, 10 mg, IM or IN.

NOTE: IF PATIENT IS AGITATED, THE PREFERRED ROUTE OF CHOICE IS IM. ONCE THE PATIENT IS SEDATED, IV ACCESS SHOULD BE ESTABLISHED IN THE EVENT ADDITIONAL SEDATION IS NECESSARY.

4. POST IM or IN SEDATION: Begin an IV/Saline Lock infusion of Normal Saline (0.9% NS) to keep vein open, or a Saline Lock.
5. Begin Cardiac Monitoring, record and evaluate EKG rhythm.
6. Begin Pulse Oximetry monitoring.

**NOTE: In order to protect patient's airway, consider placing patient in a lateral recumbent position.**

7. If patient continues to be at risk for respiratory or cardiac arrest by continuing to struggle while being physically restrained, contact medical control for implementation of one of the following MEDICAL CONTROL OPTIONS:

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**MEDICAL CONTROL OPTIONS:**

Prehospital Chemical Restraint Procedure

**NOTE: If patient is agitated, the initial route of choice is IM or IN. THE PREFERRED ROUTE OF ADMINISTRATION FOR AN AGITATED, STRUGGLING**

# THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

*REVISION: ALS Protocol 530 Emotionally Disturbed Patient*

**PATIENT IS IM.** Once the patient is sedated, IV access should be established in the event additional sedation is necessary.

**OPTION A:** Administer Diazepam, 5 – 10 mg, IV/Saline Lock bolus.

OR

Administer Midazolam, 1 – 2 mg, IV/Saline Lock bolus or if IV access is unavailable, administer Midazolam, 10 mg IM or IN.

OR

Administer Lorazepam, 2 – 4 mg, IV/Saline Lock bolus or if IV access is unavailable, administer Lorazepam, 4 mg IM or IN.

**OPTION B:** Transportation Decision.

## ***Mandatory Quality Assurance Component***

***For every administration of Midazolam, 10 mg, IM or IN under STANDING ORDERS, the ACR/PCR documentation must be reviewed by the service medical director, who is then responsible for forwarding a copy of the ACR/PCR to the NYC REMAC for system-wide QA purposes. Patient specific identifiers can be omitted. This QA component is effective immediately.***

***For the purposes of patient confidentiality, copies of the ACR/PCR can be mailed to: The Regional EMS Council of NYC, 475 Riverside Drive, Suite 1929, New York, New York 10115. Please label the envelope “Confidential QA”.***