

APPROVED: SIGNATURE ON FILE IN EMS OFFICE
Executive Director

SIGNATURE ON FILE IN EMS OFFICE
Medical Director

EFFECTIVE DATE 01/01/2004
SUPERSEDES: _____
REVISED: _____
REVIEW DATE: 01/2009
PAGE: 1 of 1

AMPHETAMINE OR COCAINE INTOXICATION WITH ACUTE AGITATION

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

Sympathomimetic intoxication causes tachycardia, hypertension, flushed sweaty skin, dilated pupils, and fever. May be agitated, paranoid, delusional, or hallucinating. Violence against others or self is common.

STANDING ORDERS

ABCs

PREVENT SELF-INJURY

Do not approach the patient unless safe. Consider employing law enforcement personnel for patient restraint. Calmly tell the patient that you are going to restrain them, then use overwhelming force, with the help of at least 5 persons.

REASSURE

If paranoid or hallucinating. Offer a quiet and controlled environment while calming the patient.

RESTRAIN:

If necessary, place patient in four-point restraint on ~~patient's~~ left side.

OXYGEN:

Oxygen delivery as appropriate

MONITOR:

Treat rhythm as appropriate.

IV ACCESS

TKO

MIDAZOLAM:

2.0 mg IV push. Titrate in 1.0 mg increments to control agitation or psychosis (maximum dose: 6 mg). If unable to establish IV after one attempt, give 5 mg IM. May repeat once in 10 minutes if uncontrollable behavior continues.

ASSESS:

For ~~lethal~~ complications refer to the following:

- Heat Illness Policy 554.64
- Status Seizures Policy 554.33
- Coronary Ischemic Chest Discomfort Policy 554.09
- Acute CVA Policy 554.32
- Acute CHF Policy 554.10

REASSURE:

~~If paranoid or hallucinating. Offer a calm, quiet, and controlled environment while calming the patient.~~

NOTIFY:

Receiving hospital so personnel are ready for violent patient.