



BLS

ALS

<ul style="list-style-type: none"> • Ensure patent airway, O₂ and/or ventilate PRN • O₂ saturation PRN • Treat life-threatening injuries • Ask patient: "Do you have any weapons?" • Attempt to determine if behavior is related to injury, illness, or drug use • Employ de-escalation techniques • Restrain only if necessary to prevent injury • Document distal neurovascular status q15 min, if restrained • Avoid unnecessary sirens • Consider law enforcement support and/or evaluation of patient • Law enforcement or EMS may remove Taser* barbs 	<ul style="list-style-type: none"> • Capnography PRN • Monitor/EKG • IV [Ⓐ] <p>Severely agitated and/or combative patient requiring restraint for patient or provider safety</p> <ul style="list-style-type: none"> • Midazolam[†] 5 mg IM/IN/IV, MR x1 in 5-10 min • 500 mL fluid bolus IV/IO PRN, MR x1, MR BHO [Ⓐ]
--	--

***Taser barb considerations**

- Taser discharge for simple behavioral control is usually benign and does not require transport to BEF for evaluation.
- Patients who are injured; appear to be under the influence of drugs; or present with altered mental status or symptoms of illness should have medical evaluation performed by EMS personnel before being transported to BEF.
- If barbs are impaled in anatomically sensitive location such as eye, face, neck, finger/hand, or genitalia, do not remove the barb. Transport patient to BEF.

[†]For severely agitated or combative patients, IN or IM midazolam is the preferred route to decrease risk of injury to the patient and personnel.

Alert: Co-administration of midazolam in patients with alcohol intoxication can cause respiratory depression. Consider avoiding or reducing midazolam dose.