## Pediatric BLS Standing Orders

- **Universal Patient Protocol**
- **Oxygen** – PRN
- Blood glucose test
- Attempt to determine illness or mechanism, consider **Spinal Motion Restriction, Altered Mental Status**, and **Trauma** policies
- Restrain only if necessary, refer to **Patient Restraint Policy**
- TASER® probes are to be left in place, only remove if affecting airway or lifesaving treatment.
- Consider law enforcement support
- Consider 5150 evaluation
- Attempt verbal de-escalation primarily. If unsuccessful, consider physical and chemical restraints as needed and able based on patient and provider safety

## Pediatric LALS Standing Order Protocol

- Establish IV PRN

## Pediatric ALS Standing Orders

- Monitor EKG
- Establish IV/IO PRN
- Capnography PRN (required if patient receives midazolam)
- Obtain 12 Lead EKG if patient was tased, patient is unstable, or source of behavior change is unknown

**Patients Exhibiting Severe Agitation with altered mental status that endangers the patient, healthcare providers, or bystanders and has failed attempts at verbal de-escalation.**

Midazolam to be completed per pediatric dosing chart. Max dose 5 mg IV/IN/IM **BH.**

  - **Do not exceed 0.5 mL per nostril**

## Pediatric Base Hospital Orders

**Patients Exhibiting Severe Agitation with altered mental status that endangers the patient, healthcare providers, or bystanders and has failed attempts at verbal de-escalation.**

- **Midazolam – Refer to Pediatric Medication Dosing Chart**
  - BHP - Refer to pediatric medication dosing chart – Max administration up to 5 mg IV/IN/IM BH. MR x per BHP q10 min x 2 doses
  - Monitor and anticipate respiratory depression with larger doses

## Notes

- For pediatric patients or those with other medications, intoxicants, or medical sources for their agitation, consider administering midazolam in 1 mg or smaller increments, waiting at least 2 minutes between doses.
- IM is preferred route of administration due to risk of injury to patient or EMS personnel.
- Consult with **BH** prior to releasing patient in custody of law enforcement, or other legally responsible party. If a patient has received medication from EMS, the patient is NOT appropriate for release to custody.
- **If a patient received midazolam for agitation, they are not appropriate to AMA.**

- Be aware if patients are intoxicated, midazolam may suppress their respiratory drive, or cause total apnea and the patient may require respiratory support.
- It is always critical with behavioral emergencies to determine what potential medical cause could be contributing to the patient's behavior. Ensure clinical consideration (and evaluation) for intracranial bleeding or injury, low or high glucose, infection, medication overdoses, or other causes of altered mental status.
- Patients who are exhibiting or reportedly exhibiting severe agitation with altered mental status should be independently evaluated by the prehospital provider before interventions occur.

Post-medication intervention:

- Immediately initiate continuous visual airway monitoring and add EtCO2 and O2 saturation monitoring as soon as safe to do so
- Check vital signs and initiate cardiac monitoring as soon as safe to do so
- Always avoid prone positioning
- Transport ALL patients to an Emergency Department that are 911 responses
- Advocate for Law Enforcement to remove handcuffs to transition to EMS restraints for transport

APPROVED:

Signature on File
Katherine Staats, M.D. FACEP
EMS Medical Director