



**ORANGE COUNTY EMERGENCY MEDICAL SERVICES**  
**BASE HOSPITAL TREATMENT GUIDELINES**  
**BEHAVIORAL EMERGENCIES - ADULT/ADOLESCENT**

#: BH-M-30

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Date: 04/01/13

**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. For seizure management, Midazolam should only be given in the field by the IM or IN route to avoid respiratory depression that may be associated with IV use.

**ALS STANDING ORDER**

1. Identify if patient's behavior is threat to self and/or others; if so:  
→ Contact law enforcement for evaluation/assistance.  
(Reference OCEMS P/P #330.55); OR  
→ Transport patient to nearest ERC
2. Pulse oximetry as tolerated; if oxygen saturation less than 95% or signs of hypoxia are noted:  
▶ *High-flow oxygen by mask as tolerated.*
3. If signs or symptoms of poor perfusion and lungs clear to auscultation (no evidence CHF) OR signs of excited 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. Blood glucose analysis as tolerated; if blood glucose less than 80, administer one of:  
▶ *Oral glucose preparation, if airway reflexes are intact.*  
▶ *50% Dextrose 50 mL IV, may repeat once if blood glucose remains < 80.*  
▶ *Glucagon 1 mg IM if unable to establish IV.*
5. If agitation and respiratory distress, immediately transport to ERC.
6. For respiratory depression or hypoventilation:  
▶ *Assist ventilation with BVM and high-flow oxygen.*
7. If presenting in state of excited delirium, transport immediately to nearest ERC. If agitation interferes with loading for transport give:  
▶ *Midazolam 5 mg IM/ IN once (assist ventilation and support airway if respiratory depression develops).*
8. Transport to nearest appropriate ERC (ALS escort if ALS procedure or medication provided).

Approved: