Call for help
Call for additional resources
Stage prior to arrival
or
Wthdraw from scene until safe

Behavioral Activity Rating Scale (BARS)

**Behavioral Activity Rating Scale**

**BARS scoring: 7**

| | |
|---|---|
| **P** | |
| ▦ | IV / IO Protocol UP 6<br>Preferably 2 large bore |
| **A** | |
| | Restraint Physical Procedure USP 5<br>Monitor per restraint procedure<br>*if indicated* |
| | Restraint Therapeutic Take Down Procedure USP 6<br>*if indicated* |
| ▦ | Hyperthermia Protocol |
| **P** | Cardiac Monitor |

**Notify Destination or
Contact Medical Control**

**General Guidance**
- **Use of protocol is indicated when a medical emergency requires a combination of both physical restraint and chemical restraint in order to prevent imminent injury to a patient and/or providers.**

- **Use of this protocol requires medical judgement and consultation with medical control where indicated.**

- **Non-medical personnel requests or opinions should not be used as a factor when implementing this protocol.**

**Universal Protocol Section**

Revised
01/01/2021

**UP 19**
Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS

**1**

## Pearls

- **Ketamine:**
  - **Ketamine may be used in patients who are outside a Pediatric Medication/Skill Resuscitation System product.**
  - **Ketamine may be used in patients who fit within a Pediatric Medication/Skill Resuscitation System product only with DIRECT ONLINE MEDICAL ORDER, by the system MEDICAL DIRECTOR or ASSISTANT MEDICAL DIRECTOR.**

- **Excited Delirium Syndrome and Violent:**
  - Medical emergency: Combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent / bizarre behavior, insensitivity to pain, hyperthermia and increased strength.
  - Potentially life-threatening and associated with use of physical control measures, including physical restraints.
  - Most commonly seen in male subjects with a history of serious mental illness and/or acute or chronic drug abuse, particularly stimulant drugs such as cocaine, crack cocaine, methamphetamine, amphetamines or similar agents.
  - Alcohol or substance withdrawal as well as head trauma may also contribute to the condition.

- **Restraint use:**
  - Physical restraints are not contraindicated in agitated or excited delirium, but you must use caution.
  - Once sedated, prevent patient from continued struggle which can worsen metabolic condition.
  - Prevent patient from assuming a prone position for prolonged period, move to supine position as quickly as possible.
  - Team approach for sedation and Restraint Therapeutic Take Down Procedure USP-6:
  - 1 provider for each limb. 1 provider to lead restraint, maintain airway and control head. 1 Provider to administer medication.
  - Do not position prone with restraints as this can impede respiration and ventilation

- Hyperthermia: Assess for and treat hyperthermia.