Behavioral Emergencies, Agitation and Abuse

Paramedic care for suicide risk, agitation and sedation, psychiatric presentations that are medical, and abuse, trafficking and assault

Medic Basics
medicbasics.com · checked Oct 2026

READ THIS FIRST

- Agitation is a symptom: NASEMSO excludes head injury, hypoglycemia and hypoxia from its behavioral guideline, so glucose, SpO_2, temperature and a trauma look come first.
- Attempted suicide or stated or suspected suicidal intent: no capacity, no refusal of transport (NASEMSO).
- Talk and family before drugs; drugs with, never instead of, restraint (rules: emt-by-complaint). Consent and reporting law: paramedic-practice-leadership. Child abuse: pediatric-emergencies.

SUICIDE AND SELF-HARM

- Highest risk (Merck): prior attempt, a plan with means (firearms are over half of US suicides), recent loss, drinking, older man, alone. Ask plainly about thoughts, plan and means (asking does not plant the idea); never alone; transport; calm is not safe; police and medical direction for a hold.
- NIMH warning signs, above all when new: giving things away, a will, goodbyes, withdrawing, dangerous risks (single-car crash on a dry road), more alcohol. Ask directly, transport; 988 (call or text).
- Superficial parallel forearm cuts, old scars, "not about dying": nonsuicidal self-injury still raises suicide risk (Merck). Ask directly about suicidal thoughts now; denied, sober and understands: may refuse; dress, 988, her words.

DE-ESCALATION (PROJECT BETA)

- Two arm's lengths, hands visible, at an angle; one speaker; say who you are; short sentences, repeated; agree or agree to disagree; limits without threats; real choices, oral medication first.
- PTSD flashback (veteran at fireworks): no touch, no ring of officers, orient to the present, then move from the noise.
- Children: caregiver gives the baseline and what calms; look for pain, constipation, missed medications; IM only for safety.

SEDATION BY CAUSE (NASEMSO DOSES, BETA CHOICE)

CAUSE	CHOICE	DOSE
Alcohol intoxication	Antipsychotic; a benzodiazepine adds respiratory depression	Haloperidol 5-10 mg IM, onset 10-20 min (label 2-5 mg); QTc if possible
Stimulants, withdrawal, unknown without psychosis	Benzodiazepine	Midazolam 5 mg IM (10-15 min) or IN; lorazepam 4 mg IM
Psychosis	Antipsychotic, then lorazepam, not a second antipsychotic	Olanzapine 10 mg IM or ODT; ziprasidone 10 mg IM; droperidol 5-10 mg IM (high violence)
Immediate danger	Dissociative	Ketamine 4 mg/kg IM (3-5 min), 2 mg/kg IV; airway kit open
Child	Midazolam 0.1-0.15 mg/kg IM (max 5 mg), 0.3 mg/kg IN	Haloperidol 1-3 mg IM at 6-12 y; olanzapine 5 mg IM at 6-11 y, 10 mg at 12-18 y; ketamine 3 mg/kg IM; no droperidol
Delirium (fever, dysuria, dementia)	Treat the cause, family calming; no benzodiazepine or diphenhydramine	Lewy body dementia: no haloperidol, tiny doses worsen parkinsonism (Merck)

SAFETY Never IM olanzapine with an IM or IV benzodiazepine: fatalities (NASEMSO, label). Calm, not asleep: monitor, capnography, glucose after every dose.

AFTER THE DRUG

- Acute dystonia: neck twists, eyes stuck up, thick tongue; alert, afebrile, limbs loose, after haloperidol. Diphenhydramine 25-50 mg IV/IM (child 1 mg/kg, max 25 mg) or a benzodiazepine; stridor: IV lorazepam, airway ready.
- Neuroleptic malignant syndrome: fever, rigid limbs, confusion, labile vitals, days after an antipsychotic. Cool, fluids, no antipsychotic, hospital.
- IM olanzapine: drowsy, slow pulse, low BP are label effects, worse with alcohol. Flat, monitor; orthostatic vitals before any repeat.

PSYCHIATRIC-LOOKING, MEDICALLY URGENT

PICTURE	THINK	DO
Mute, rigid, arm stays where left, no intake for days, fever, HR 118	Catatonia; malignant form kills (Park)	Medical emergency: glucose, fluids, hospital; no antipsychotic (worsens it); benzodiazepines treat it
Thin teen, fine body hair, HR 42, BP 84/50, T 35.6 °C	Anorexia: hypokalemia, long QT, VT death, refeeding (Merck)	12-lead, glucose, warm, no fluid or glucose load, medical hospital
Clozapine for weeks: fever, sore throat, chest pain, HR 126	Myocarditis (first 2 months) or neutropenia (first 18 weeks) (label)	Mask on patient, 12-lead; name the drug and start date
Schizophrenia: pain 2/10, yet rigid abdomen, lying still, fever, HR 120	Peritonitis understated: pain rated lower in schizophrenia (Stubbs)	Surgical abdomen with sepsis: IV, fluids, nothing by mouth
12 days postpartum: confused, voices, "the baby is not mine"	Postpartum psychosis (blues: days; depression: over 2 weeks, no delusions)	Emergency: suicide and infanticide risk; never alone with the infant
Sudden leg weakness; "paralyzed" heel pushes down as the other leg lifts (Hoover)	Functional neurological disorder: not faked	Transport for workup (hospital excludes a cord lesion); no pain tests, no "faking"
Eyes squeezed shut, side-to-side head, pelvic thrust, stop-start jerks, normal $ETCO_2$, known functional seizures	Dissociative seizure (13% given benzodiazepines critically sedated, Cengiz)	Care plan: no more benzodiazepine, protect, transport; over two doses: airway risk (NASEMSO)
Terrified after LSD, follows directions	Hallucinogen distress	Quiet space, one calm person, recheck vitals and temperature; no restraint

ABUSE, TRAFFICKING AND ASSAULT

CLUE	SUSPECT	PARAMEDIC ACTION
Bruises of different ages (upper-arm grip marks), dehydration, flinches; son answers for her	Elder abuse or neglect (1 in 10 over 65, Merck)	Interview alone, treat, describe ("0.5-inch round burn to back"), report to police or APS per state law; never confront
Pregnant; bruises of several colors; injury that does not fit; partner answers, stands between	Intimate partner violence; pregnancy can start it (USPSTF)	A reason to assess alone ("private exam in the ambulance"), one direct safety question, objective notes, private handover; police only if unsafe

CLUE	SUSPECT	PARAMEDIC ACTION
Companion speaks for her, holds her ID; she does not know the city; coached answers; branding tattoos	Human trafficking (NASEMSO, DHS)	Separate safely, never the companion as interpreter, hotline 1-888-373-7888 (text 233733) discreetly; do not confront
Sexual assault; "very drunk after one drink", memory gaps	Drug-facilitated: GHB or flunitrazepam screen when amnesic (Merck)	Treat injuries; no washing or changing; evidence fades after 36 h; consent each step; her words verbatim; urine or clothing per local protocol; examiner hospital
Caregiver blocks assessment or refuses care	Maltreatment, any age (NASEMSO)	Police now; safe place even without a medical need

Sources (34) are listed with links at medicbasics.com/sheets/behavioral-emergencies-abuse.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. Medic Basics is an independent study aid not affiliated with any certifying body.