



**Pediatric Behavioral Emergencies**

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- Pediatric behavioral emergencies occur when the presenting problem includes some disorder of thought or behavior that is disturbing or dangerous to the pt or others. Psychiatric emergencies are a subset of behavioral emergencies.
- Crisis in pediatrics may be precipitated by social factors and/or instability in the home or community.
- Avoid judgmental statements and encourage pt to help with their own care.
- Consider dimming the lights and removing non-essential adults when appropriate.
- Assess for the presence of other conditions that may mimic behavioral emergencies, for example:
  - Diabetes/hypoglycemia      - Trauma/TBI      - Seizure disorders      - Hypoxia      - Ingestion/Overdose
- Major psychiatric disorders that may predispose to behavioral emergencies in children include:
  - Mood disorders (Depression, Bipolar Disorder)      - Thought disorders (Schizophrenia)
  - Developmental disorders (Autism)      - Anxiety disorders (PTSD)
  - Other disorders (ADD, ADHD, Oppositional Defiant Disorder, Reactive Attachment Disorder, etc.)

**BLS**

- Identify yourself to pt & limit the number of providers interacting with pt (if appropriate)
- Obtain history from child (if appropriate) & family members
- Assess V/S, including SpO<sub>2</sub> and temperature (if able)
- Assess/treat for underlying medical/traumatic causes
- Check blood glucose (if able)
- Utilize appropriate restraint mechanisms in situations where the pt is violent, potentially violent, or exhibiting behavior that is dangerous to self or others (Reference: S-SV EMS policy 852)

Blood glucose  
≤60 mg/dl?

YES

Go to ALOC  
Protocol  
N-1P

NO

Go to Ingestions  
& Overdoses  
Protocol  
M-5P

Ingestion  
Suspected?

YES

NO

**LALS**

- Consider cardiac and EtCO<sub>2</sub> monitoring (**AEMT II**) (required if administering midazolam)
- Consider IV/IO NS TKO

**Severe anxiety/combatative symptoms not adequately relieved by other means (for pts ≤ 4 yo, consult with base/modified base hospital prior to administration of midazolam):**

**Midazolam (AEMT II)**

- 0.05 mg/kg IV/IO/IM/IN (max. dose: 1 mg) – may repeat dose x1 after 5 mins if symptoms persist