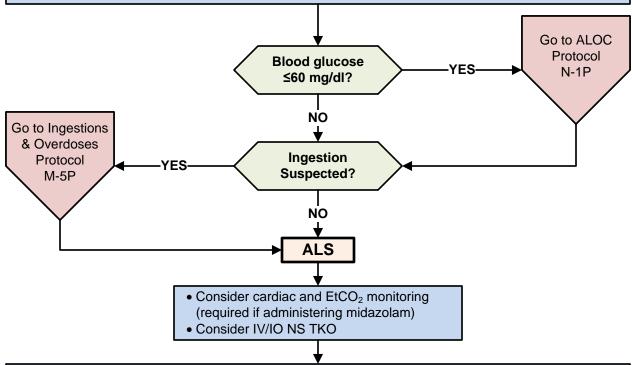| Approval: Troy M. Falck, MD – Medical Director	Effective: 06/01/2024
Approval: John Poland – Executive Director	Next Review: 04/2027

- 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_2 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

Ingestion Suspected? — YES → Go to Ingestions & Overdoses Protocol M-5P

NO

ALS

- Consider cardiac and $EtCO_2$ monitoring (required if administering midazolam)
- Consider IV/IO NS TKO

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

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