



Severe Agitation with Altered Mental Status

MAC

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Term

Severe agitation with altered mental status

Definition that informs need for prehospital medical intervention

Severe agitation with altered mental status that endangers the patient, healthcare providers, or bystanders and has failed attempts at verbal de-escalation.

Post-intervention recommendations

- Immediately initiate continuous visual airway monitoring and add EtCO₂ and O₂ saturation monitoring as soon as safe to do so
- Check vital signs and initiate cardiac monitoring as soon as safe to do so
- Always avoid prone positioning
- Transport ALL patients to an Emergency Department
- Advocate for Law Enforcement to remove handcuffs to transition to EMS restraints for transport

Recommendation for when to consider SGA placement:

- Long transport times where prolonged BVM becomes difficult
- resource-limitations due to insufficient hands
- ineffective BVM, unable to ventilate/oxygenate with OPA/NPA despite suctioning and positioning
- LEMSAs medical director discretion based on LEMSAs-specific situations

Recommendation for training/education:

- same as paramedics
- initial education
- confirmation of competency
- skills maintenance (no less than every 6 months) for SGA placement, monitoring of placement, identification of dislodgement/ incorrect placement

Recommendation for CQI:

- 100% case review with crew feedback/outcome tracking
- track misplacement, bleeding, dislodgements

Recommendation for equipment:

- pulse oximetry
- suction
- continuous waveform EtCO₂ to identify dislodgement/de-seating
- FDA-approved device to maintain SGA in place