Denver Metro EMS Physicians Statement on Sedation of Prehospital Patients:
July 1, 2020

The specialty of EMS medicine is dedicated to the care of patients in the prehospital environment. As EMS physicians we recognize the importance of caring for patients with mental health, delirium and drug related emergencies and treating those patients with respect and dignity. Our medical professionalism and clinical expertise have made us unified and resolute in the following principles:

Medical emergencies should be handled by medical professionals. EMS personnel often encounter people who are agitated and pose a threat to themselves and others. Paramedics must make the critical determination if this person is experiencing a medical emergency. Medical emergencies such as psychosis, delirium, severe metabolic derangement or drug toxicity that must be managed by EMS providers.

Agitated delirium can lead to a metabolic catastrophe. Severe agitation is associated with metabolic acidosis, hyperthermia, dehydration and electrolyte abnormalities which can lead to cardiovascular collapse and death. What was once thought of as solely a psychiatric or behavioral issue is now known to be a medical emergency. Early recognition and treatment of severe agitation is essential to patient safety. Safe care of these individuals requires a coordinated approach with law enforcement and includes the administration of sedating medications to minimize the time spent physically restraining patients. The safety and efficacy of medications such as midazolam and ketamine to rapidly sedate severely agitated patients are supported by the medical literature and by vast amounts of clinical experience.

The Denver Metro EMS Medical Directors are familiar with the literature and practice of managing agitated patients. We recognize and agree with the attached position paper by the EMS Eagles consortium of major metropolitan EMS medical directors. We believe that emergency medical decisions should be based on science and medical expertise.

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Sedation of Prehospital Patients: June 27th, 2018

Concerns have been expressed recently regarding the administration of medications – including ketamine – by emergency medical services (EMS) providers to sedate delirious and often violent patients in the prehospital environment.

Safety is the primary driver for the use of sedative or calming medications. Patients who are violent due to psychiatric disorders and/or substance use often lose the ability to respond to verbal calming techniques. As a result, they present a significant health and safety risk to themselves and to those around them. Death may result from severe metabolic abnormalities that are worsened by uncontrolled agitation.

Emergency medical services (EMS) physician medical directors across the United States implement protocols that paramedics use to care for their patients. These may include guidelines for the management of violent patient situations that address stepwise implementation of verbal calming and de-escalation techniques, followed by physical containment and/or sedation. The goal is to safeguard the patients, while also reducing the risk of violence directed against EMS and public safety workers.

Coordination with law enforcement is critical to the safe management of violent patients. This partnership between EMS and law enforcement is intentional and is the result of a national effort to decrease the risk of in-custody death. Appropriate uses of physical containment and restraints as well as sedation with calming agents are critical tools for the safety of both the patients and the responders who are called to care for them. Law enforcement officers are typically the most highly trained individuals to safely physically subdue violent people and are most qualified for initial management. The use of medications is, however, solely the decision and responsibility of EMS. Allowing delirious or agitated patients to continue to struggle against physical restraints is medically dangerous, ethically unacceptable, and increases the risk of injury or death. Almost all people in this condition require monitoring and transport by EMS to an emergency department for further evaluation. They are clearly medical patients until their condition is diagnosed, treated, and stabilized.

A variety of medications are currently considered appropriate options for sedation in this setting. These medications are widely used throughout the country and are included in the National Model EMS Clinical Guidelines. Ketamine has gained recent favor in many EMS systems due to its safety profile in patients with violence resulting from psychiatric and/or drug-related influences. Numerous EMS systems have extensive experience that supports the ability of EMS to safely administer ketamine in this difficult patient population.

We, the undersigned EMS Medical Directors, strongly support the use of medications to calm delirious and/or violent patients who are a danger to themselves or others. We endorse the use of appropriate sedative medications, including ketamine, when administered by well-trained paramedics who are functioning under carefully designed medical care protocols. Patients and EMS workers are safer as a result.

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