

PSYCHIATRIC TRANSPORT

1. Level: EMT, AEMT, Paramedic, RN
2. Purpose: LaSalle Ambulance Service, Inc. strives to ensure the safety of its medics and patients during transport. Behavioral emergencies present unique safety challenges for the patient and the EMS crew. The **PSYCHIATRIC TRANSPORT procedure** increases the margin of safety for both the patient and the crew for transports originating at scenes and inter-facility transports.
3. Procedure:
 - 3.1. Scene transports
 - 3.1.1. Proceed with **PSYCHIATRIC EMERGENCY Protocol**.
 - 3.1.1.1. Your safety is a priority!
 - 3.1.1.1.1. Consider the possibility the patient has weapon(s) on their person and potential for a physical altercation in a confined unit.
 - 3.1.1.2. Use calm, reassuring communications to establish rapport.
 - 3.1.1.3. Consider restraints (see **RESTRAINTS procedure**).
 - 3.1.1.4. Consider ketamine (see **RESTRAINTS procedure**).
 - 3.1.1.4.1. The medic should have a low threshold to administer ketamine if there is a perceived danger to the medic and/or patient on scene or during transport.
 - 3.1.1.4.2. If ketamine is unavailable, consider droperidol (see **RESTRAINTS procedure**).
 - 3.1.1.5. Consider midazolam (see **RESTRAINTS procedure**).
 - 3.1.1.6. An open line of communications must be established between the driver and the attending medic prior to departure.
 - 3.1.1.7. The psychiatric transport safety belt must be properly utilized for all psychiatric transports (see section 3.5).
 - 3.1.2. Inter-facility transports:
 - 3.2.1. LaSalle ambulance personnel transporting a patient subject to a Physician's Emergency Certificate shall have in his or her possession the original or a copy of the Physician's Emergency Certificate (PEC) for the duration of the care and transport of the patient and until the care of said patient has been properly transferred to the receiving facility.
 - 3.2.1.1. The original PEC has the word "Original" in red letters on the upper right corner of the document.
 - 3.2.1.2. In cases in which the patient was evaluated via telemedicine or in cases in which the original PEC is not provided for transport, a copy of the PEC should be transmitted by fax or other electronic device to the receiving facility.
 - 3.2.2. Prior to any psychiatric transport, when transport time is expected to be greater than 30 minutes, it is recommended that the medical staff and patient go to the restroom to prevent any unscheduled stops or interruptions of transport.
 - 3.2.3. Obtain historical information about the patient to determine if physical and/or chemical restraints will be required in addition to the psychiatric transport safety belt. Consider the following to assist in your determination to request restraints.

PSYCHIATRIC TRANSPORT

- 3.2.3.1. Patient's diagnosis
- 3.2.3.2. The medication used and the last dose and time of administration should be considered.
- 3.2.3.3. Perform Psychiatric Risk Assessment. Physical restraints (wrists and ankles) should be applied in the Emergency Department (discretion should be exercised when caring for pediatric patients) if any of the following occurred in the ED while awaiting transfer or anytime during admission:
 - 3.2.3.3.1. Aggressive or agitated behavior
 - 3.2.3.3.2. Affect changes or hallucinations
 - 3.2.3.3.3. Delusional thoughts or bizarre behavior
 - 3.2.3.3.4. Suicidal or homicidal ideations
 - 3.2.3.3.5. Easily agitated
 - 3.2.3.3.6. Verbal outbursts
 - 3.2.3.3.7. Required handcuffs or restraints (chemical or physical) prior arrival
- 3.2.3.4. In the event that a patient will potentially require chemical restraints prior to departure from the sending facility or during transport or the patient has already been sedated by the sending facility, the paramedic must attend the patient during transport.
- 3.2.3.5. An open line of communications must be established between the driver and the attending medic prior to departure.
- 3.2.3.6. The psychiatric transport safety belt must be properly utilized for all psychiatric transports (see section 3.5).
- 3.3. Physical Restraints
 - 3.3.1. See the **RESTRAINTS Procedure**
- 3.4. Chemical Restraints
 - 3.4.1. Consult with the sending ED physician regarding sending medications for chemical restraints to be administered during transport should the need arise.
 - 3.4.2. The decision to send medications for use during transport is solely that of the sending physician. If done, the paramedic should:
 - 3.4.2.1. Keep a detailed medication administration history to be communicated back to the sending facility.
 - 3.4.2.2. Waste unused medications according to the LaSalle Ambulance controlled substance policy using a controlled substance usage form.
 - 3.4.3. Commonly used medications for chemical restraints with common dosages:
 - 3.4.3.1. Midazolam 2-10 mg
 - 3.4.3.2. Geodon (ziprasidone) 10-20 mg
 - 3.4.3.3. Haldol (haloperidol) 5-20 mg
 - 3.4.3.4. Benadryl (diphenhydramine) 12.5-50 mg
 - 3.4.3.5. Ativan (lorazepam) 1-4 mg
 - 3.4.3.6. Valium (diazepam) 5-10 mg
 - 3.4.4. Medications available by standing order (see **RESTRAINTS procedure**):
 - 3.4.4.1. Ketamine 2 mg/kg IN/IV or 2 – 4 mg/kg IM
 - 3.4.4.2. Droperidol 2.5 mg IV or 5 mg IM (may repeat dose 1 time if needed)

PSYCHIATRIC TRANSPORT

- 3.4.4.3. Midazolam 5mg IN/IM/IV up to 10 mg
- 3.5. Psychiatric Transport Safety Belt
 - 3.5.1. The psychiatric transport safety belt must be properly utilized for all psychiatric transports.
 - 3.5.2. Scene Transports
 - 3.5.2.1. Safety belt should be applied as soon as practical.
 - 3.5.2.2. If the patient becomes agitated or violent during application of the safety belt, physical and chemical restraints are indicated.
 - 3.5.3. Inter-facility Transports
 - 3.5.3.1. The safety belt should be applied in the Emergency Department with the hospital staff present to ensure sufficient assistance should the patient become agitated or violent.
 - 3.5.3.2. If the patient becomes agitated or violent during application of the safety belt, physical and chemical restraints are indicated.
 - 3.5.4. Procedure for application of the Psychiatric Transport Safety Belt
 - 3.5.4.1. Tie the female end of the buckle to a secure area on the back of the stretcher to prevent the patient from sliding the strap around his/her body making the buckle accessible. This can be done prior to or after the strap application.
 - 3.5.4.2. Place the patient on the stretcher
 - 3.5.4.3. Wrap the strap around the patient (as high under the arms as possible) as many times as possible
 - 3.5.4.4. Buckle the strap and tighten enough to remove slack between the patient's body and strap.
 - 3.5.4.5. Once the strap is buckled, leave the patient in a seated position. If the head of the stretcher is lowered, the strap will loosen enough to allow the patient to easily exit.
 - 3.5.4.6. The head of the stretcher can be raised to tighten the strap if the patient becomes hostile.
- 3.6. Interruptions in Transport
 - 3.6.1. Stops or interruptions in transport should take place only in extenuating circumstances i.e. fuel, restroom for long distance transports, and/or other legitimate reasons.
 - 3.6.2. The Communication Center must be notified promptly at the time of any interruption in transport. Notification should include the following information:
 - 3.6.2.1. Reason for stop
 - 3.6.2.2. Location
 - 3.6.2.3. Anticipated length of stop
 - 3.6.2.4. Resumption of transport
 - 3.6.3. It is not acceptable to remove the safety strap and/or allow the patient to be removed from the unit during an interruption in transport.
 - 3.6.4. A medic must remain with the patient at all times.