CMG 37 - MANAGEMENT OF COMBATIVE AND AGITATED PATIENTS
(Revised: December 2011)

For use in situations where the patient cannot be managed due to agitation or combativeness.

If concerned about safety, call for police assistance.

Consider/exclude: hypoxia; hypoglycaemia; head injury; drug overdose; post-ictal state; infection. Treat as appropriate.

Speak quietly - do not shout. Do not leave the patient alone. Attempt quiet reassurance in an attempt to persuade the patient to accept treatment.

If reassurance and persuasion are ineffective or impractical, move to pharmacological management (ICP back up). This should be a last resort after completing a mental competency assessment.

Ensure adequate control of the limb and the patient. Midazolam up to 0.1mg/kg. Usually IM. May repeat dose after 10 minutes if necessary.

If agitated state is thought to be due to psycho-stimulant use: Midazolam up to 0.2 mg/kg as first line agent Ketamine 4mg/kg single IMI dose as 2nd line agent if Midazolam if ineffective Ketamine may be the first line drug in selected patients.

Monitoring once restrained and on O₂:
ECG, Temperature, SaO₂, ETCO₂

Reduce the dose of Midazolam for elderly patients with:
- known or suspected hypotension;
- general debility - usually half the dose.

Limb restraints are to be utilised in conjunction with pharmacological restraint.

MENTAL HEALTH PATIENTS:
- Wherever possible, obtain an Emergency Order for the management of mental health patients. (AFP; medical practitioner; CAT Team)
  If not practical, proceed with pharmacological control if there is genuine concern for the welfare of the patient and/or others.

PATIENTS MANAGED WITH PHARMACOLOGICAL CONTROL MUST BE TRANSPORTED TO HOSPITAL

Notify and transport to nearest appropriate hospital.

NOTE
- Ensure thorough documentation on PCR
- All patients managed with CMG 37a will require an incident report to be submitted to the QSRM.