

CMG 37 – MANAGEMENT OF COMBATIVE AND AGITATED PATIENTS

(Revised: February 2019)



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

ICP	If concerned about safety, call for police assistance.	AP
ICP	Consider / exclude: medical causes, e.g. hypoxia, hypoglycaemia, head injury, drug overdose, post-ictal state, infection. Treat as appropriate.	AP
ICP	Speak quietly – do not shout. Do not leave the patient alone. Attempt quiet reassurance in an attempt to persuade the patient to accept treatment.	AP
ICP	Where the patient has a mental disorder or mental illness, and there is risk of serious harm to the patient or another person, consider emergency apprehension (refer to additional guidance on emergency apprehension).	AP
ICP	If reassurance and persuasion are ineffective or impractical, move to pharmacological management. Pharmacological management should be a last resort after completing a mental competency assessment.	AP
ICP	Sedation as required: Droperidol [AP / ICP] (ketamine / midazolam if additional sedation required [ICP only]) Ketamine [AP / ICP] for those in immediate danger (ketamine / midazolam if additional sedation required [ICP only])	AP
ICP	Limb restraints are to be utilised in conjunction with pharmacological restraint.	AP
ICP	Once restrained and on oxygen – monitor ECG, temperature, SpO ₂ , EtCO ₂	AP
ICP	Patients managed with pharmacological control must be transported to hospital.	AP
ICP	Ensure thorough documentation on PCR. All patients managed with CMG 37 will require an incident report to be submitted to QSRM.	AP