

# CMG 37 – MANAGEMENT OF COMBATIVE AND AGITATED PATIENTS

(Revised: July 2019)



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

ICP	<b>If concerned about safety, call for police assistance.</b>	AP
ICP	<b>Consider / exclude:</b> 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, <b>consider emergency apprehension</b> (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	<b>Use of limb restraints should be seriously considered in conjunction with pharmacological restraint.</b> (Clinical reasoning for restraint/non-restraint should be thoroughly documented on the PCR).	AP
ICP	Once restrained and on oxygen – monitor ECG, temperature, SpO <sub>2</sub> , EtCO <sub>2</sub>	AP
ICP	<b>Patients managed with pharmacological control must be transported to hospital.</b>	AP
ICP	Ensure thorough documentation on PCR. All patients managed with CMG 37 will require an incident report to be submitted to QSRM.	AP