# CMG 37 – MANAGEMENT OF COMBATIVE AND AGITATED PATIENTS

(Revised: August 2020)

**For use in situations where the patient cannot be managed with less aggressive means**

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| **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.<br>Treat as appropriate. | **AP** |
| **ICP** | Speak quietly – do not shout. Do not leave the patient alone.<br>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.<br>Pharmacological management should be a last resort after completing a mental competency assessment. | **AP** |
| **ICP** | Sedation as required per Sedation Assessment Tool (SAT) | **AP** |
| **ICP** | Consider polypharmacy sedation with repeat **Ketamine/Midazolam** if escalation required | |
| **ICP** | **Use of limb restraints should be considered in conjunction with pharmacological restraint.**<br>(Clinical reasoning for restraint/non-restraint should be thoroughly documented on the PCR). | **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.<br>All patients managed with CMG 37 will require an incident report to be submitted to CGU. | **AP** |