

CMG 37 - COMBATIVE AND AGITATED PATIENTS

(Revised: December 2020)



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

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 health 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 per Sedation Assessment Tool (SAT) <i>APs must call ICP backup after using Ketamine for sedation</i>	AP
ICP	Consider escalating to polypharmacy sedation with repeat Ketamine/Midazolam if required	
ICP	Use of limb restraints should be considered in conjunction with pharmacological restraint. (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. All patients sedated with Ketamine/Midazolam under CMG 37 will require an incident report to be submitted to CGU.	AP