History
• Situational crisis
• Psychiatric Illness/medications
• Injury to self or threats to others
• Medical alert tag
• Substance abuse/overdose
• Diabetes

Signs and Symptoms
• Anxiety, agitation or confusion
• Affect change or hallucinations
• Delusional thoughts or bizarre behavior
• Expression of suicidal/homicidal thoughts

Differential
• Altered mental status
• Alcohol intoxication
• Toxin / substance abuse
• Medication effect/overdose
• Withdrawal symptoms
• Psychiatric (eg. Psychosis, Depression, Bipolar etc.)
• Hypoglycemia

Pearls
• Crew/responder safety is the main priority.
• Any patient who is handcuffed by Law Enforcement and to remain handcuffed and transported by EMS must be accompanied by Law Enforcement in the ambulance.
• All patients who receive physical restraint must be continuously observed by EMS personnel. This includes direct visualization of the patient as well as cardiac and pulse oximetry monitoring.
• Consider all possible medical/trauma causes for behavior (e.g., hypoglycemia, overdose, substance abuse, hypoxia, seizure, head injury, etc.).
• Do not overlook the possibility of associated domestic violence or child abuse.
• Do not position or transport any restrained patient in a way that negatively affects the patient’s respiratory or circulatory status (e.g., hog-tied or prone). Do not place backboards, splints, or other devices on top of patient.
• If restrained, extremities that are restrained will have a circulation check at least every 15 minutes. The first of these checks should occur as soon after placement of the restraints as possible and shall be documented in the PCR.