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**Title**

*Prehospital Clinical Decision-Making for Medication Administration for Behavioral Emergencies*

**Priority 1 (Research Category)**

Acute and emergency care

**Presenters**

Samuel Ofei-Dodoo, PhD, MA, MPA, CPH, Dustie Samuels, Lieu Nguyen Lowrie, BS, Leah Duncan, BS, Matthew Hoang, BS

**Abstract**

**Introduction.** Prehospital behavioral emergency protocols provide guidance on when a medication may be necessary; however, the final decision of which medication to administer to a patient is made independently by paramedics. This study sought to describe the clinical decision-making process of prehospital behavioral emergencies when paramedics consider chemical restraints, and determine the factors associated with choosing specific medications to administer.

**Methods.** Paramedics from a Midwest County in the United States were surveyed in November of 2019. The survey consisted of two open-ended questions, measuring paramedics' clinical decision-making process and factors that they considered when selecting a medication. An immersion-crystallization approach was used to analyze the interviews.

**Results.** There was a 53% (79/149) response rate. Six themes emerged regarding the paramedics' decisions to use medication for cases involving patients with behavioral emergencies: safety of the patients and paramedics; inability to use calming techniques; severity of the behavioral emergency; inability to assess the patient due to presentation; etiology of the behavioral episode; and other factors, such as age, size, and weight of the patient. Six themes emerged regarding factors paramedics considered when choosing which medication to use in behavioral emergencies: etiology of the behavioral emergency, patient presentation, the patient's history, the patient's age, desired effect and intended outcome of the medication, and other factors.

Conclusion. This study suggests there are several factors, such as safety and the etiology of the behavioral emergency, that contributed to paramedics' decision-making. The results of this study could help Emergency Medical Services administrators in revising behavioral emergency protocols.