



ACMT | American College
of Medical Toxicology

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With great interest and concern, we have followed media reports of ketamine being administered by paramedics for sedating individuals at the direction of law enforcement officers to facilitate taking them into custody. As physicians with expertise in pharmacology and toxicology, we support the appropriate use of ketamine by supervised paramedical professionals for dangerous agitation in the prehospital environment. However, we oppose the use of medications to restrain individuals solely for purposes of assisting law enforcement in controlling an individual. Ketamine and sedative medications should only be administered by healthcare professionals, for medically indicated purposes, and followed by appropriate medical monitoring.

We recognize that severe agitation, whether from a psychiatric condition, drug withdrawal, drug intoxication, medical condition, or an unclear cause, poses a risk to patients and those attempting to assist them. This condition, sometimes referred to as “excited delirium” or “agitated delirium,” may result in complications such as life-threatening hyperthermia, rhabdomyolysis (muscle breakdown), cardiac disturbances, injury, and death. We believe the safety of the treatment team, both on scene and during transport, should also be a consideration in the decision to administer sedating medications. Verbal de-escalation is the best initial approach, but when nonpharmacologic interventions are not effective, and the patient’s behavioral effects escalate despite their use, or when the patient’s agitation is becoming threatening to either their health or that of others, medications become necessary to protect both patients and providers.

Medications that are typically used for this purpose include the dissociative ketamine, benzodiazepine sedatives such as midazolam, and antipsychotic medications including olanzapine or haloperidol. Although generally safe when administered appropriately, all of these medications have the potential to cause adverse effects, including excessive sedation and respiratory depression. However, when administered in the appropriate dosage to the appropriate patient, overall the benefits of these drugs outweigh the risks.

Based on current evidence, we support the use of sedative and dissociative medications by appropriately trained prehospital paramedical professionals for treatment of severe agitation when other measures have failed. However, we do not support the use of these medications solely for the purpose of behavior control on behalf of law enforcement. If prehospital paramedical professionals are called to assist law enforcement officers, ketamine or other sedatives are only appropriate if administered for the purpose of facilitating the patient’s medical management and safe transport to a medical facility.

Sincerely,
American College of Medical Toxicology (ACMT)
Board of Directors