NOTE
Contact Surgeon before giving any medication marked with an asterisk. In an emergency or during Loss of Signal, begin appropriate treatment; then call Surgeon as soon as possible.

1. Unstow:
   ALSP
   (red)
   Drug Subpack
   Gray Tape
   Bungees
   Towels

2. Talk with the patient while you are restraining him.
   Explain what you are doing, and that you are using a restraint to ensure that he is safe.
   Restrain patient using Gray Tape around wrists, ankles, and use a bungee around the torso.
   If necessary to restrain the head, place a rolled towel under the neck and restrain with Gray Tape.

AMP
(blue)
3. Administer 10 mg *Haldol (Haloperidol) Oral (P4-B6) - Potent tranquilizer
   If patient is uncooperative with taking oral dose of Haldol (Haloperidol), give *Haldol (Haloperidol) IM as noted in step 4.
   Possible side effects
   Low blood pressure, rapid heart rate, headache, involuntary movements; increased body temperature

NOTE
Backup CMO should remain with restrained crewmember at all times. Confirm presence of radial and pedal pulses. If pulses are weak or faint, loosen restraints.

ALSP
(red)
4. Administer 5 mg/ml of *Haldol (Haloperidol) Injectables IM (Drug 27,28).
   Refer to {INJECTIONS - INTRAMUSCULAR} (SODF: ISS MED: INJECTIONS/IV).
AMP 5. Administer 5 mg *Valium (Diazepam) Oral (P1-A12) - Sedative, anticonvulsant, antiseizure drug

If patient is uncooperative with taking oral dose of *Valium (Diazepam), give IM *Valium (Diazepam) as noted in step 6.

Possible side effects
Drowsiness, fatigue, nausea, slow heart rate, blurred vision. Romazicon is antidote for overdose.

6. Administer 5 mg/ml (half an ampule) *Valium (Diazepam) IM (Drug-8,9,10). Refer to {INJECTIONS - INTRAMUSCULAR} (SODF: ISS MED: INJECTIONS/IV).

NOTE
Crewmember will be sufficiently sedated. Severe muscle spasms may occur. If present, give 50 mg *Bendryl (Diphenhydramine) IM and maintain adequate fluid hydration.
Possible side effects of Benadryl
Drowsiness, inability to concentrate, dry mouth, blurred vision, rash, sensitivity to light, headache, rapid heart rate, dizziness, fatigue

7. Monitor and record vital signs while the patient is restrained:

   If blood pressure, pulse, or breathing is abnormal or unstable, check vital signs approximately every 5 minutes and record values with time.

   If and when blood pressure, pulse, and breathing are stable for two or three readings, decrease frequency to every 15 minutes until advised by ground.

<table>
<thead>
<tr>
<th>Time (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulse (√ radial (#), pedal (±))</td>
</tr>
<tr>
<td>ALSP Blood Pressure (ALSP-4)</td>
</tr>
<tr>
<td>AMP Respiratory Rate</td>
</tr>
<tr>
<td>Temperature (Skin Temp Monitors, P3-A7)</td>
</tr>
</tbody>
</table>

8. Contact Surgeon to discuss crewmember status and restraint removal.