Frequently Asked Questions about the Use of Sedatives

We understand that a draft report from the Office of Police Conduct Review Board (OPCR) has raised concerns and questions from the community, policymakers, and the press.

We see the community we serve as our partners in the care that we provide, and we strive to communicate openly with our community and listen to their feedback. This includes communicating all of the facts about the care we provide, including the use of sedatives.

The use of sedatives is a nationally recognized standard of care for people who are experiencing agitation in a crisis. From a medical perspective, such agitation can be life-threatening and harmful. The safety of our patients is always our top priority, and we won’t compromise when it comes to ensuring that we provide the best care possible for each and every person we’re asked to help – no matter what their situation.

Here are some common questions and answers about the draft report, the use of ketamine as a sedative, and a study on the effects of sedatives by Hennepin Healthcare researchers.

Is ketamine use common and is it safe to use with agitated patients?

Hennepin EMS has been using ketamine as the standard of care for patients safely since 2008. More than one-third of paramedics surveyed nationally have ketamine available to them to safely care for agitated patients. It is one of several sedatives that paramedics can use to treat patients who are agitated and its use for these types of medical situations is well-documented in medical and scientific literature.

According to the draft report, patients already in restraints were given a sedative. Why?

Even when someone is restrained, he or she can remain or become extremely agitated which increases the risk of harm to themselves and others. While a patient in restraints may appear calm at one point in time, they may, at any point thereafter, resume self-destructive behavior and cause injury to themselves or others. They are also at risk of developing a life-threatening medical condition known as metabolic acidosis, which causes buildup of waste products in the body when patients exert themselves uncontrollably in restraints, and this can result in death. It would be irresponsible to allow patients in this condition to seriously harm themselves when there are safe interventions available.

Did Hennepin EMS paramedics use ketamine at the request of Minneapolis police officers?

Paramedics are highly trained medical professionals who spend every day making critical life-saving decisions. These decisions often involve determining needed care or treatment in extremely challenging crisis situations. Leadership at Hennepin EMS learned of concerns earlier this year that police were urging paramedics to use ketamine and worked with police leadership to clarify and communicate to both officers and paramedics that medical direction to use a sedative, like ketamine, is the sole responsibility of the paramedics.
It’s also important to understand that all patients receiving sedation for agitation are transported to an emergency department and are never taken directly to jail. In addition, individuals being detained by police are not given sedation because they committed – or are suspected of committing – a crime. Sedatives are only given because a patient’s agitation has become a medical emergency and requires the care that only a paramedic is able to provide outside of the hospital.

**What’s being done to address some of the concerning and unprofessional discussion between police officers and paramedics described in the draft report?**

We understand and appreciate the issues raised regarding professional communication between police and paramedics in the cases referenced by the draft report. While these conversations were difficult to read, they do not represent the values of Hennepin Healthcare. We apologize for any distrust this may have caused. We have requested an independent review of the cases involved in the draft report, and we are committed to taking every action necessary to ensure that professionalism is maintained at all times.

**Are you currently conducting any studies related to the effects of the use of ketamine on agitated patients?**

On June 25, 2018, the research we were conducting on the effects of ketamine was suspended based on concerns raised by the community and policymakers. Only patients in a crisis response situation whose care management required sedation were included in the study to observe any health effects. No patient received sedation medication who otherwise would not have received sedation medication, simply because of the study.

The ultimate goal of the study was to determine which sedative has the fewest negative side effects after treatment to ensure that our patients are receiving the safest, lowest-risk medication.

This study was considered observational (i.e. only collecting data) and “low risk” by the Institutional Review Board (IRB) that oversees patient safety in research studies at our institution. This means our research was not intended to intervene in the routine care or treatment of patients or the decision-making process of our clinicians or EMS staff. Instead, the intent was to review the effects of those patients already receiving a sedative, like ketamine, to determine which sedative, if required in the field, would be the safest for our patients.

**What is your response to community concern about having a waiver of consent?**

The federal requirements from the IRB approval process for this study were completely followed – including the waiver of consent to review data. This met all the ethical standards under which we conduct research, and we take this very seriously. However, we understand the concerns recently raised about the value of having consent in situations where vulnerable populations are part of the research or study. For this reason, even though we are confident that federal requirements were followed, we are seeking to better improve our process for these types of studies and to ensure greater community engagement in our work to improve patient care in emergency settings – where receiving full consent can be challenging.
Why does Hennepin Healthcare conduct research at all?

We partner with our community, our patients and their families to ensure access to outstanding care for everyone, while improving health and wellness through teaching, patient and community education, and research. That’s our mission at Hennepin Healthcare. As a public teaching hospital and the state’s largest safety net, we believe that this mission requires us to help engage – if not lead – the reviews that inform the safest and best care for vulnerable populations. It is also critical to ensuring that data used to determine treatment and best practices adequately represent the communities we serve. Research is an essential part of our mission that can’t be separated from providing outstanding care.