Frequently Asked Questions about the Use of Sedatives
Last update: 9-19-18

Hennepin EMS paramedics and the Minneapolis P.D.

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

No. Paramedics are highly trained medical professionals who make critical life-saving decisions every day. These decisions often involve determining needed care or treatment in crisis situations. When leadership at Hennepin EMS learned of concerns around police asking paramedics to use ketamine earlier this year, both the Minneapolis Police Department and Hennepin EMS leadership reminded their staffs that medical direction to use a sedative, like ketamine, is the sole responsibility of the paramedics.

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 when a patient's agitation is a medical emergency and requires the care that only a paramedic is able to provide outside of the hospital.

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

Even when someone is restrained, that person 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 can result in death. It would be irresponsible to allow patients in this condition to seriously harm themselves when safe interventions are available.

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

We understand and acknowledge the concerns regarding professional communication between police and paramedics in the cases referenced by the OPCR 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 created. We have requested and are currently in the process of an independent review of the cases involved in the report, and we are committed to taking every action necessary to ensure that professionalism is maintained at all times.

Ketamine use in the pre-hospital setting

Is ketamine use common and is it safe to use?

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

Is ketamine used by other EMS agencies in the metro area?

Yes. Ketamine is a standard drug used across the U.S. and one of the sedatives available for use by EMS agencies in the metro area.

Are individuals given a sedative for any non-medical reason?

No. The decision to sedate a patient is made by the medical professional (i.e. EMS staff) in the pre-hospital setting. The paramedic makes this decision based on medical necessity and is not under the direction of law enforcement or any other non-medical personnel.

Medical studies

Why does Hennepin Healthcare conduct medical studies?

Hennepin Healthcare, like many other teaching hospitals, participates in medical studies on a variety of medical issues to improve patient care and community health. Our mission is to "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." This mission requires us to conduct medical studies that will inform the safest and best care for vulnerable populations. It is also critical that the data used to determine treatment and best practices adequately represent the communities we serve. Medical studies are an essential part of our mission that cannot be separated from providing outstanding care.

Are you currently conducting any studies related to the effects of the use of sedatives for agitated patients?

On June 25, 2018, we paused a study that compared data for patients who received ketamine (one type of approved sedative) before arriving at the hospital to data for patients who received a different type of approved sedative. This means that Hennepin Healthcare is no longer collecting and reviewing the data, but paramedics are still using protocols and assessments to treat patients in emergency situations. The study was considered observational and "low risk" by the **Institutional Review Board (IRB)** that oversees patient safety in research studies at our institution.

Without research, we would not have advances in medical care. The (now paused) study was being conducted to determine which of the commonly used sedatives (ketamine, haloperidol, or midazolam) is the safest and most effective when used outside the hospital by EMS to treat people who are experiencing severe agitation.

Who paid for the sedative study?

The study involving ketamine does not have outside funding. The time involved was covered by internal resources.

What is a "waiver of consent"?

One permissible option for studies with specific conditions is referred to as a "waiver of consent." Studies that allow a waiver of consent involve minimal risks to subjects, which often amounts to collecting data on routine medical care. This type of data collection allows medical research professionals to collect critical information from the medical care given to patients in order to improve and advance care. Care and outcomes for patients with stroke, heart attack, and other types of trauma (who cannot understand or sign a consent form when they arrive at the hospital) has been optimized over the years because of this method of data collection. The pre-hospital agitation study was also categorized this way so that EMS personnel could collect important data on the care they routinely provide that would ultimately be used to improve that care – and save lives.

What is your response to community concerns about having a "waiver of consent" study?

Hennepin Healthcare takes the ethical standards under which we conduct research very seriously, and believes that the federal requirements **(45 CFR 46.116(d)**) for the IRB approval process were followed – including the waiver of consent. We understand the concerns recently raised about the study. For this reason we have engaged external independent reviews of our process.

To qualify for waiver of consent with minimal risk the study must follow specific, federally regulated ethical standards. This is the same process followed by other academic medical centers in the United States. When study results are submitted for publication, the reviewing organization demands that these rules are followed exactly – or else the data that was collected will not be accepted and the entire study is rejected.

Going forward, we are committing to a higher level of transparency that goes beyond the federal regulations to ensure greater community engagement in our work to improve patient care.

What if I have questions about my care?

If you have questions about your care you can contact a Hennepin Healthcare Patient Representative at 612-873-8585. If you would like to receive copies of your medical records, visit hennepinhealthcare.org/medical-records for instructions and a form to request your medical records. You also have the option of requesting records in person at the Medical Records window on the first floor of the Clinic & Specialty Center, 715 S. 8th Street, open M-F, 8 am-4:30 pm or the Hennepin Healthcare Blue Building, 900 S. 8th Street, B1.114, open M-F, 7 am-5:30 pm.