

PURPOSE:

Physical and chemical restraint is used to protect the safety of patients and responders. Patient restraints should be utilized only when necessary and in those situations where the patient is exhibiting behavior that presents a danger to themselves and/or others.

PROCEDURE:

A. Physical Restraint Considerations:

1. Use the minimum level of physical restraints required to accomplish patient care and ensure safe transportation (Soft restraints may be sufficient). Contact law enforcement for assistance prior to use of physical restraint or medication assisted treatment for severe agitation. A minimum of 4 persons may be necessary to safely apply physical restraints. Do not endanger yourself or your crew.
2. Avoid placing restraints in such a way as to preclude evaluation of the patient's medical status.

• Physical Restraint Procedure:

1. Refer to the **Refusal and Informed Consent** treatment guideline for important considerations including law enforcement involvement and patient rights for refusal of care.
2. Place patient face up on gurney. If this is not feasible, a long backboard can be utilized. Patients should never be placed in the prone position. If law enforcement handcuffs are in place, these should be moved to the patient's front. Closely monitor the patient's respiratory status.
3. Secure ALL extremities to backboard. Try to restrain lower extremities first. Next, restrain the patient's arms at his/her sides.
3. If necessary, utilize cervical spine adjuncts (tape, foam bags, etc.) to control violent head or body movements. A cervical collar should not be applied unless there is significant concern for c-spine injury as this can impede the patient's airway.
4. If backboard is used secure it onto gurney for transport using additional straps if necessary. Remember to secure additional straps to the upper part of the gurney to avoid restricting the wheeled carriage.
5. Evaluate the patient's respiratory and cardiac status continually to ensure that no respiratory compromise exists. Perform a full set of vitals including a CBG and monitor telemetry continuously for heart rate and oxygen saturations with serial vitals thereafter.
6. DO NOT tighten chest straps to the point that they restrict breathing.

B. Medication Assisted Treatment for Agitation:

The use of medication should be considered for patients experiencing severe agitation and/or violent combativeness which could result in harm to themselves, others, or is posing a barrier to the treatment and/or stabilization of their suspected

emergency medical condition. These patients may include alcohol and/or drug-intoxicated patients and restless, combative, or head-injury patients.

- **Medication Assisted Treatment for Agitation Procedure:**
 1. Refer to the **Altered Mental Status** treatment guideline for BSI scoring and medication administration guidance. Refer to the **Refusal and Informed Consent** treatment guideline for important considerations including law enforcement involvement and patient rights for refusal of care.
 2. Evaluate the personnel needed to safely attempt restraining the patient. Contact law enforcement for assistance.
 3. Attempt to determine if the patient's agitation is related to a drug/alcohol intoxication or withdrawal, medical or psychiatric problem.
 4. Consider and treat medical causes of combativeness (hypoxia, head injury, hypoglycemia).
 5. Vital signs and CBG should be assessed prior to medication administration if feasible and immediately after medication administration with serial vital signs thereafter and continuous telemetry monitoring of heart rate, oxygen saturation, and capnography.