

# Patient Restraint

## Protocol

Douglas County KS EMS System

November 2022

### **Reference Procedures:** [Restraints](#)

### **Goals for Patient Care:**

- Safely restrain the violent or agitated patient when necessary while monitoring appropriately
- Ensure EMS provider and patient safety

This applies to any patients who require physical restraints due to violence/agitation that poses a safety risk to bystanders, Law Enforcement, EMS providers and/or the patient.

### **Regarding patients with behavior requiring medication/sedation see Behavior protocol**

Uncontrolled (or inadequately controlled) patient agitation/violence can place the patient at risk for sudden cardiopulmonary arrest due to excited delirium/exhaustive mania and positional asphyxia (sudden death from restriction of chest wall movement and/or obstruction of the airway resulting in hypercarbia and/or hypoxia).

The management of these patients require frequent reevaluation of the risk/benefit balance for the patient and bystanders in order to provide the safest care for all involved. These are complex and potentially high-risk encounters. There is no one-size fits all solution for addressing these patients.

### **Procedures/Interventions:**

- Attempt to establish rapport with patient and aid in verbal de-escalation
  - Remove or assist in removing individuals who may aggravate the situation
  - Put the patient at ease
  - Establish a calm, quiet atmosphere
- Request Law Enforcement assistance
  - If suicidal, do not leave patient alone and remove (or have law enforcement remove) any dangerous objects.
- Ensure sufficient personnel on-scene to safely restrain patient
- Restrain patient in lateral or supine position initially (never on abdomen or face-down) and once secure, patient should be on cot in upright position
- Secure patient with one arm above the head and one arm at/below the waist and both lower extremities individually secured.
- Placement on cot in upright position when possible to reduce aspiration risk. Never impair the patient's chest/ability to breathe or allow straps to constrict the neck/airway
- EKG monitoring as soon as possible, especially when medications have been ingested or given by EMS
- Perform continuous monitoring and reassessment of patient & condition

For patients with locking devices, applied by law enforcement, consider removal of device and placement of department restraint if patient has clinically improved or has been treated with medication.

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### Considerations

Considerations for crews on scene prior to ambulance arrival.

- Do not enter the scene if it is not safe or cleared by law enforcement
- Scenes can deteriorate. If you fear for your safety leave the scene and call for law enforcement.
- Never get blocked in. Always have an exit route open.
- Evaluate the patient's mental state. This is an art more than a science. Determine what the best approach to calm the patient will be and attempt to calm them down.
- If calming does not work and they become more agitated step back and await ambulance arrival.
- Ask about pt's medications, If they have been taking medications appropriately, Eating habits.
- Upon ambulance arrival provide a report to crew about what has happened so far, how the patient has responded to attempted de-escalation, and safety concerns.

Pt's can refuse transport in some instances. Ambulance crew, Law enforcement and first response agencies should jointly discuss plan to resolve the situation including refusal if possible/ reasonable.