

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 Guidelines:**

1. Use the minimum level of physical restraints required to accomplish patient care and ensure safe transportation (Soft restraints may be sufficient). If law enforcement or additional manpower is needed, call for it prior to attempting restraint procedures. 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. Place patient face up on long backboard, NOT PRONE. Closely monitor the patient's respiratory status.
2. Secure ALL extremities to backboard. Try to restrain lower extremities first using flexcuffs around both ankles. Next, restrain the patient's arms at his/her sides.
3. If necessary, utilize cervical spine precautions (tape, foam bags, etc.) to control violent head or body movements
4. Secure the backboard 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. Monitor SpO₂ if possible.
6. DO NOT tighten chest straps to the point that they restrict breathing.

B. Chemical Restraint Guidelines:

Sedative agents may be needed to restrain the violently combative patient. These patients may include alcohol and/or drug-intoxicated patients and restless, combative, head-injury patients.

Chemical Restraint Procedure:

1. Evaluate the personnel needed to safely attempt restraining the patient.
2. Attempt to determine if the patient's agitation is related to a drug/alcohol intoxication or withdrawal, medical or psychiatric problem.
3. Consider:
 - a. Haloperidol 5 mg IM/IV
 - b. Versed or Ativan 2 mg IM/IV
 - c. Benadryl 25-50 mg IM/IV
 - d. Probable Excited Delirium: Ketamine 2-4 mg/kg IM or 1-2 mg/kg IV

4. Consider and treat medical causes of combativeness (hypoxia, head injury, hypoglycemia)
5. Vital signs should be assessed within the first 5 minutes and thereafter as appropriate (at least every 10 minutes and before additional medication) if possible.

NOTES & PRECAUTIONS:

- A. Midazolam is preferred for patients who are known or suspected to be under the influence of stimulants or other intoxicants, who are in withdrawal, or who are postictal.