



Patient Restraint

PURPOSE

To ensure the safety of patients and responders: patient restraint should be utilized only if the patient is exhibiting behavior that is an immediate danger to self or others

Restraint Guidelines

- Use the minimum level of physical restraint required to accomplish patient care and ensure safe transportation (soft restraints may be sufficient).
 - If law enforcement or additional staff is needed, call for assistance prior to attempting restraint procedures.
 - Do not endanger yourself or other responders or the patient.
- Avoid placing restraints in such a way as to prevent evaluation of the patient's medical needs.
- Consider and treat medical causes of combativeness (hypoxia, head injury, hypoglycemia).
- Consider whether the patient is exhibiting any other signs or symptoms of potential mental incapacity, including signs of drug or alcohol use, unsteady gait, slurred speech, etc.

PHYSICAL RESTRAINT PROCEDURE

- Evaluate the personnel needed to safely restrain the patient.
- Place the patient face up on a long backboard – **NEVER PRONE**.
- Secure all extremities to the backboard- check circulation in restrained extremities every 15 minutes.
- Attempt to restrain lower extremities first, using soft restraints around both ankles.
- Restrain the patient's arms at their sides.
- If necessary, utilize cervical spine precautions (tape, foam blocks, CID, etc.) to control violent head or body movements.
- Secure the backboard to the stretcher using the straps on the stretcher, particularly the over-the-shoulder straps.
- Evaluate the patient's respiratory and cardiac status to assure no airway compromise exists; attempt to place SpO₂ device and apply supplemental oxygen if indicated.
- **DO NOT** tighten chest straps to the point of impeding respiratory function.

CHEMICAL RESTRAINT PROCEDURE

- Assess vital signs within the first 5 minutes and thereafter as appropriate (at least every 10 minutes and prior to any repeat dose of medication), or document reason for lack of vital signs assessment.
- Monitor ECG, obtain 12-Lead, consider IN medications and establish IV/IO if possible.
- Sedative agents may be needed to restrain the violently combative patient. If chemical restraint is required, see *Behavioral Emergencies Protocol*.



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RESTRAINT DOCUMENTATION PROCEDURE

Document a response to each of the following questions:

- In what manner was your patient violent? Record patient's comments *verbatim*.
- Did you feel threatened? Why?
- Were you concerned about your patient's outcome without emergency medical interventions? Why?
- Could you treat your patient appropriately without the use of restraints?
- Which law enforcement officer was present? If patient was transported in handcuffs, which officer accompanied patient to ED in ambulance? If no law enforcement officer accompanied patient, why?
- What kind of restraints did you use?
- Where on your patient were these restraints used?
- Document the frequency of respiratory and mental status change assessments. Constant evaluation of your patient's airway status is extremely important.