

Combative Patient Restraint (205)

| Adults | Pediatrics (13 years and under) |
|--|---|
| Public Safety First Aid Procedures: Only | Public Safety First Aid Procedures: Only |
| <ul style="list-style-type: none"> Manage patient as per agency policy Request ambulance if medically necessary | <ul style="list-style-type: none"> Manage patient as per agency policy Request ambulance if medically necessary |
| BLS Procedures: EMT's and Paramedics start here | BLS Procedures: EMT's and Paramedics start here |
| <ul style="list-style-type: none"> Complete primary survey/ABC's Apply NRB at 15LPM to all combative patients requiring restraints. If altered mental status, rule out treatable causes and apply restraints. If GCS=15 apply restraints Assess blood glucose if <60mg/dL enter diabetic or altered mental status protocol if altered | <ul style="list-style-type: none"> Complete primary survey/ABC's Apply NRB at 15LPM to all combative patients requiring restraints. If altered mental status, rule out treatable causes and apply restraints. If GCS=15 calm and reassure patient, apply restraints Assess blood glucose if <60mg/dL enter diabetic or altered mental status protocol if altered |
| ALS Prior to Base Hospital Contact: Paramedic only | ALS Prior to Base Hospital Contact: Paramedic only |
| <ul style="list-style-type: none"> Assess blood glucose if <60mg/dL enter diabetic or altered mental status protocol if altered Midazolam 5mg IM or 2mg IV for agitation control | <ul style="list-style-type: none"> Assess blood glucose if <60mg/dL enter diabetic or altered mental status protocol if altered Midazolam 0.1 mg/kg IM or 0.05 mg/kg IV to max at Adult dose for agitation control |
| Base Hospital Contact Required | Base Hospital Contact Required |
| <ul style="list-style-type: none"> Midazolam 5mg IM or 2mg IV base contact required beyond initial dose for agitation control. | <ul style="list-style-type: none"> Midazolam 0.1 mg/kg IM or 0.05 mg/kg IV not to exceed adult dose. Base contact required beyond initial dose for agitation control. |

205 COMBATIVE PATIENT RESTRAINT

Combative Patient Restraint (205)

Special Considerations

1. Patients should be reassured, and their cooperation enlisted whenever possible. Restraints should only be used when the patient poses a danger to self or others and all other measures to control patient behavior are inadequate.
2. Patients should be restrained using least restrictive means possible to provide for the safety of the patient and persons providing care during treatment and transport. Two-point restraints may be used to secure the patient's arms at the wrists, or four-point restraints may be used to secure the patient's arms at the wrists and legs at the ankles. **Patients must never be transported prone.**
3. Only commercially manufactured devices intended for restraint may be used to restrain a patient.
4. Restrained patients must be transported in a position that allows for monitoring and protection of the patient's airway.
5. Restraints should be secured to a non- moving part of a gurney and tied in a fashion that will allow for quick release.
6. When a patient is restrained, gurney safety belts may be used to secure the legs above the knees and across the chest without impeding expansion of respiration. The patient's arms should be on the outside of the chest straps.
7. Handcuffs may only be used as restraint devices when a law enforcement officer accompanies the patient in the ambulance.
8. Transfer of patients that have been restrained requires careful and frequent monitoring of airway, breathing, and circulation. This shall include pulse oximetry and ECG monitoring when possible. Capillary refill, warmth, and movement distal to the restraint must be assessed every fifteen (15) minutes after restraint application and documented on the ePCR.
9. Transferring physicians that order the application or maintenance of physical or chemical restraint must provide a written order.
10. Additional required documentation specific to this protocol:
 - Reasons restraints were applied
 - Agencies and individuals involved in the application of the restraints
 - Capillary refill, warmth, and movement distal to the restraint

Combative Patient Restraint (205)

11. Agitation control beyond the first dose requires a BASE STATION order. Indications for agitation control would include extreme agitation in which patient cannot be safely restrained using physical restraints and is a danger to ambulance personnel and/or self. The paramedic should be prepared to handle respiratory depression in chemically restrained patients.