



- iv. Supplemental straps or sheets may be necessary to prevent flexion/extension of torso, hips, legs by being placed around the lower lumbar region, below the buttocks, and over the thighs, knees, and legs
- b. Extremities
 - i. Soft or leather devices should not require a key to release them
 - ii. Secure all four extremities to maximize safety for patient, staff, and others
 - iii. Secure all extremities to the stationary frame of the stretcher
 - iv. Multiple knots should not be used to secure a device

Patient Safety Considerations

The management of violent patients requires a constant reevaluation of the risk/benefit balance for the patient and bystanders to provide the safest care for all involved. These are complex and high-risk encounters. There is no “one size fits all” solution for addressing these patients

1. Don PPE
2. Do not attempt to enter or control a scene where physical violence or weapons are present
3. Dispatch law enforcement immediately to secure and maintain scene safety
4. Urgent de-escalation of patient agitation is imperative in the interest of patient safety as well as for EMS personnel and others on scene
5. Uncontrolled or poorly controlled patient agitation and physical violence can place the patient at risk for sudden cardiopulmonary arrest due to the following etiologies:
 - a. **Delirium with agitated behavior:** A postmortem diagnosis of exclusion for sudden death thought to result from metabolic acidosis (most likely from lactate) stemming from physical agitation or physical control measures and potentially exacerbated by stimulant drugs (e.g., cocaine) or alcohol withdrawal
 - b. **Positional asphyxia:** Sudden death from restriction of chest wall movement and/or obstruction of the airway secondary to restricted head or neck positioning resulting in hypercarbia and/or hypoxia
6. Apply a cardiac monitor as soon as possible, particularly when pharmacologic management medications have been administered
7. All patients who have received pharmacologic management medications must be monitored closely for the development of hypoventilation and oversedation
 - a. Utilize capnography if available
8. Patients who have received antipsychotic medication for pharmacologic management must be monitored closely for the potential development of:
 - a. Dystonic reactions (this can easily be treated with diphenhydramine/benzodiazepines)
 - b. Mydriasis (dilated pupils)
 - c. Ataxia
 - d. Cessation of perspiration
 - e. Dry mucous membranes
 - f. Cardiac arrhythmias (particularly QT prolongation)
9. Patients who require physical management should also receive pharmacological treatment for agitation to prevent consequences of delirium with agitated behavior
10. Placement of stretcher in sitting position prevents aspiration and reduces the patient’s physical strength by placing the abdominal muscles in the flexed position
11. Patients who are more physically uncooperative should be physically secured with one arm above the head and the other arm below the waist, and both lower extremities individually secured