

COMBATIVE PATIENT/RESTRAINTS

SIGNS & SYMPTOMS:

1. Aggressive behavior/agitated
2. Confusion
3. Hallucinations

OBTAIN HISTORY OF:

1. Past medical history
2. Medications
3. Allergies
4. Present illness/circumstances
5. Precipitating factors
6. Behavior exhibited

PRECAUTIONS:

1. Aggressive/combative behavior can be caused by several medical conditions. Some examples are: hypoglycemia, brain injuries, hypoxia, psychiatric disorders such as schizophrenia or paranoia and patients under the influence of alcohol and drugs.
2. Improperly applied restraints could possibly lead to permanent nerve damage, aspiration and death from respiratory compromise.
3. Do not restrain a patient who is actively seizing. Restraints may need to be removed if the patient starts to have a seizure.
4. Be aware of items at the scene or medical equipment that may become a weapon.

BASIC LIFE SUPPORT CARE:

1. Ensure scene is safe for providers and others present. If the scene is not safe, evacuate everyone and seek additional resources. Involve law enforcement early to search the patient for weapons and to help secure them in restraints if needed.
2. Identify yourself to the patient and explain why you are on the scene.
3. Maintain a calm, reassuring and professional attitude and manner.
4. Remove disturbing persons and/or objects from the scene
5. Maintain a safe position and distance from the patient. Do not allow the patient to come between you and the exit
6. Provide emotional support to the patient. Do not argue or shout at the patient. Attempt to verbally de-escalate the situation by being calm and reassuring to the patient. Offer help to the patient. Be honest and concise.
7. Treat life-threatening injuries
8. An emergency transport hold must be obtained and completed whenever a patient is transported against their will.
9. If the scene is not safe to treat the patient unrestrained, the patient must be restrained using the following guidelines:
 - A. EMS personnel must always act as the restrained patient's advocate
 - B. Restraints should be individualized and afford as much dignity as possible
 - C. Restraints should be humanely and professionally administered. Explain to the patient why you are using restraints, but DO NOT negotiate. Emphasize the therapeutic reasons for the restraints. Allow the patient the opportunity to cooperate.
 - D. Restraints should employ the least restrictive method necessary to safely care for the patient.
 - E. For the patients safety and the safety of EMS personnel, at least 4-5 people should be involved in applying restraints-do not try it alone! Law enforcement involvement is suggested when possible.
 - F. Start with 4-point restraints with one arm above and one arm below. Never leave only one limb in restraints.
 - G. Make sure the patient is searched completely and remove all personal objects.
 - H. Documentation must include the reasons for restraint and the methods used. Frequent assessment of the patient and the restraints used must be documented including circulatory, motor and sensory status of the restrained extremity.
 - I. Restraining a patient's hands and feet together behind the patient (hog-tying) is not allowed. The only exception is a prisoner or suspect in the custody of law enforcement or prison authorities.
 - J. EMS does not apply handcuffs or hard plastic ties (flex cuffs), but if already in place and circulation is adequate, may be left on. Handcuffs must be double locked to prevent inadvertent tightening, and should allow one little finger to fit between the handcuff and the wrist. Assure that a key is available during transport.
 - K. Make sure patient is properly secured during transport so they can not escape out of a moving ambulance.

ADVANCED LIFE SUPPORT CARE: In addition to above and as appropriate:

1. Patients in agitated delirium, associated with cocaine or methamphetamines, can experience sudden death. Patients with agitated delirium should receive oxygen, IV, ECG monitoring and a complete set of vital signs including SaO₂ at least every 5 minutes. Contact Medical Control Physician for possible orders of sodium bicarbonate 1 mEq/kg IV. Patients in agitated delirium can experience hyperthermia, cool the patients as appropriate.
2. EMS providers must be prepared to maintain an open airway and provide ventilations in all patients who receive chemical restraints.
3. ALS providers can use the following medications to chemically restrain a patient who has not responded appropriately to physical restraints(**Benadryl and Versed may be given in the same syringe**):
 - A. Versed, 2 mg IM if BP > 90 systolic and the patient is < 60 years of age prior to physician contact. Further versed orders must come from a physician
 - B. Haldol, 5 mg IM prior to physician contact(separate syringe). Further Haldol orders must come from a physician.
 - C. Benadryl, 25 mg deep IM.
 - D. Contact Medical Control Physician for further orders.
 - E. ED staff must be notified of medications given. Once patients calm down, these medications can have a strong effect and cause respiratory failure.

PEDIATRIC CONSIDERATIONS:

1. Always attempt to involve parents when restraining children.

PREGNANCY CONSIDERATIONS:

1. Pregnant women should be restrained in a semi-reclining or left lateral recumbent position.

SPECIAL NOTES:

1. Minnesota law (609.06) authorizes the use of “reasonable force upon or toward the person of another without the other’s consent when the following circumstances exist or the actor reasonably believes them to exist: when used to restrain a mentally ill or mentally defective person from self injury or injury to another or when used by one with authority to do so to compel compliance with reasonable requirements for the person’s control, conduct or treatment.” If an EMS provider feels uncomfortable with any patient, even when they have not been actively combative, the provider has the right and duty to provide the patient and others with the security of patient restraint. Verbal threats are a legitimate reason for restraint.
2. Patients must have the ability to understand what’s happening, what medical treatment options are available to them and be able to make appropriate decisions according to their particular beliefs to make decisions concerning their care. Minors, the mentally ill, patients under the influence of drugs or alcohol, patients who are suicidal, patients who are hypoxic or have a medical condition that impairs their decision making ability may not be able to make appropriate decisions due to their condition. The EMS provider **MUST** be the patient’s advocate.
3. Restraining a patient is still a point of legal and ethical debate because it deprives the patient of their constitutional right to liberty. Physical restraint misused could result in charges of assault and battery, false imprisonment, and an infringement of the patient’s constitutional rights. There are far more cases holding providers responsible for not treating/restraining a patient than false imprisonment or assault and battery. Clear and complete documentation is important when restraints are used.
4. Complications from chemical sedation are more numerous than from physical restraints. Remember once chemical restraints are used, they will limit the assessment of the patient’s mental status and neurologic responses.
5. A 1998 study from Vanderbilt University showed that violent situations occur in 5% of all calls and an additional 14% of calls precipitated by violence.
6. Each EMS service should have a policy on how EMS providers will restrain patients. This policy should include when restraints are to be applied and what techniques and equipment will be used.
7. This guideline is not intended to limit or restrain Police/Paramedics from following their law enforcement policies.
8. Patients who are restrained should be transported to their usual hospital or one in their insurance group whenever possible.

