



## ***Patient Restraint***

**Purpose:** To ensure appropriate restraint of patients and to assure patient, others and EMS safety.

### **Indications:**

1. When an ill or injured person who is behaving in such a manner as to interfere with their examination, care and treatment to the extent they endanger their life or the safety of others.

### **Physical Restraint Procedure**

1. Ensure that enough personnel are available to properly control the patient and establish the restraints.
2. Explain the purpose of the restraints.
3. Physically control the patient and apply restraints.
  - ⓐ A. If patient continues to resist physical restraints, consider chemical restraint.
4. Complete Primary and Secondary Assessments.
  - A. Restrained extremities should be evaluated for pulse quality, capillary refill time, color, sensory and motor function continuously
    - a. Restraints must be adjusted if any of these functions are compromised.
    - b. Restraints must not interfere with medical treatment.
5. Attempt to identify common physical causes for patient's abnormal behavior.
  - Hypoxia
  - Hypoglycemia
  - Head Trauma
  - ETOH/ Substances use/ abuse
6. Patient should be secured to a backboard or stretcher only. Patients must never be secured directly to a vehicle or immovable object.
7. Transport patient.
8. Inform hospital that restraints are in place and assistance will be necessary to continue restraint of the patient.
9. If unable to restrain patient physically, move to Chemical Restraint Procedure, if appropriate.



### **Chemical Restraint Procedure**

1. Administer Midazolam 10 mg IM.
2. Monitor capnography, if available.
- 📞 3. If after 10 minutes additional medication is desired, contact medical control for guidance.
4. If considering excited delirium
  - a. Obtain temperature
    - i. If hyperthermic, provide cooling – ice packs to neck, axilla and groin; fluids to skin
  - b. Provide fluid bolus of up to 2 L of NS

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- c. If after 10 minutes additional medication is desired, contact medical control for guidance.
- d. Evaluate for other causes of Altered Mental Status including: **Alcohol, Epilepsy/Seizure, Insulin, Overdose, Uremia/Under dose, Cardiac, Hypoxia, Environment, Stroke, Sepsis, Trauma, Ingestion, Psych, Phenothiazines, Salicylates**
- e. Monitor patient. Consider 12-lead ECG for evidence of hyperkalemia (peaked T waves, prolonged PR, widened QRS).
- f. If suspected hyperkalemia, administer Calcium Cl 1 g (1 g/10 mL) and Sodium Bicarbonate 50 mEq (50 mEq/50 mL) IV/IO.
- g. Additional sedation as needed, per **Patient Sedation Procedure**.



**Special Considerations**

1. Physical restraints should be of a soft nature (e.g. hook and loop restraints, cravats, sheets, etc.) applied to the wrists and ankles. A restraint may also be needed across the chest and/or pelvis.
2. Stay with a restrained patient at all times, be observant for possible vomiting and be prepared to turn the patient and suction if necessary.
3. Documentation should include:
  - A. A description of the circumstance / behavior which precipitated the use of restraints.
  - B. Time of application of the restraints.
  - C. Type of restraint used.
  - D. The positions in which the patient was restrained.
4. When restraint devices are applied by law enforcement officers:
  - A. An officer must be present with the patient at all times at the scene, as well as in the ambulance during transport.
  - B. The restraint and position must not be so restrictive that the patient is in a position that compromises patient care.
5. EMS Personnel may NOT use:
  - A. Hard plastic ties or any restraint devices that require a key to remove.
  - B. Backboards to “sandwich” the patient.
  - C. Restraints which secures the patient’s hands and feet behind the back.
  - D. Restraints that “hog tie” the patient.
  - E. Any device that restricts normal breathing.
6. EMS personnel shall NOT transport a restrained patient in the prone position.

**Authority to Restrain** - EMS personnel are able to restrain and treat and transport an individual under authority of Sec 20969 of Public Act 368 which states: *"This part and the rules promulgated under this part do not authorize medical treatment for or transportation to a hospital of an individual who objects to the treatment or transportation. However, if emergency medical services personnel, exercising professional judgment, determine that the individual's condition makes the individual incapable of competently objecting to treatment or transportation, emergency medical services may provide treatment or transportation despite the individual's objections unless the objection is expressly based on the individual's religious beliefs."*