Patient Restraint

Purpose: To ensure appropriate and safe restraint of patients whose behavior is suggestive of an imminent physical threat to personnel and/or themselves.

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.
2. The patient has a clear or suspected inability to understand their medical situation and the need for treatment of a potentially life-threatening injury or illness.
3. Pediatric patients (≤ 14 years) utilize MI MEDIC cards for appropriate medication dosage. When unavailable utilize pediatric dosing listed within protocol

Escalation of Care:

1. Verbal de-escalation
2. Physical management and soft restraints
3. Physical management and pharmacological management

Verbal De-Escalation is defined as the use of communication or other techniques during an encounter to stabilize, slow, or reduce the intensity of a potentially violent situation without using physical force, or with a reduction in force. This should be continued throughout care.

Soft Restraint Procedure

1. When the placement of soft restraints requires physical management that poses risk to the patient and/or personnel, anticipate and prepare for physical management and pharmacological management.
2. Ensure that enough personnel are available to properly control the patient and establish the restraints.
3. Explain the purpose of the restraints.
4. Physically control the patient and apply restraints.
5. 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.
6. Attempt to identify common physical causes for patient's abnormal behavior.
    - Hypoxia
    - Hypoglycemia
    - Head Trauma
    - ETOH/ Substances use/ abuse
7. Patient should be secured to a backboard or stretcher only. Patients must never be secured directly to a vehicle or immovable object. Patients must NEVER be secured in a prone position.
8. Transport patient.

9. Inform hospital that restraints are in place and assistance will be necessary to continue restraint of the patient.

Pharmacological Management Procedure

1. Pharmacological management should only be utilized when soft restraint placement alone would pose a safety risk or is ineffective in calming the patient
2. Contact Medical Control prior to medication administration, unless extreme circumstances exist in which delaying administration poses an immediate danger to patient or others.
3. Administer **midazolam** 0.1 mg/kg IM or IN
    a. Adult patients (>14 years of age) maximum dose of 10 mg
        i. Consider lower range of dosing for Geriatric patients.
    b. Pediatric patients (≤14 years of age), administer 0.1 mg/kg IM, maximum single dose 5mg.
4. Monitor vital signs, ECG, pulse oximetry, and capnography.
5. If after 10 minutes additional medication is necessary, contact Medical Control for guidance.

Transport Considerations

1. Patients that are physically restrained and/or pharmacologically managed should be transported to the closest appropriate facility.
2. Receiving facilities should be notified as soon as possible of physical restraint use and/or pharmacological management.

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 and shall NEVER restrict the patient's chest wall motion.
2. Stay with a restrained patient at all times, be observant for possible vomiting and be prepared to turn the patient onto their side and suction if necessary.
3. Documentation should include:
    A. A description of the circumstance/behavior which precipitated the use of restraints and/or pharmacological management.
    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 for patients who are not under arrest:
    A. If a patient is restrained by law enforcement personnel with handcuffs or other devices EMS personnel cannot remove, a law enforcement officer must accompany the patient to the hospital.
    B. If the officer is unable to accompany the patient in the transporting EMS vehicle the patient will be placed in soft restraints. This can only occur if crew safety will not be compromised and the patient can be safely transported with this type of restraint.
    C. 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.
   B. Any restraint device that cannot be immediately removed by the attending EMS provider
   C. Backboards to “sandwich” the patient.
   D. Restraints which secure the patient’s hands and feet behind the back.
   E. Restraints that “hog tie” the patient.
   F. Any device that restricts normal breathing.

6. EMS personnel shall NOT transport a restrained patient in the prone position.
7. Ketamine is NOT to be used as part of this protocol without on-line medical direction.

Medication Protocols
Midazolam

Protocol Source/References:

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."*