AGITATION AND RESTRAINT

ADULT | **PEDIATRIC**

INDICATION

1. The safety of the patient, community, and responding personnel is of paramount concern when following this policy.
2. Many situations that result in agitated patients can be resolved by simple conversation and de-escalation techniques.
3. Prehospital personnel must consider that combative or violent behavior may be a symptom of medical conditions such as head trauma, hypoxia, alcohol, drug related problems, hypoglycemia and other metabolic disorders, dementia, stress, and psychiatric disorders.
4. Restraint mechanisms are to be used only, when necessary, in situations where the patient is potentially violent or is exhibiting behavior that is dangerous to self or others.
5. Only the minimum amount of restraint necessary to protect providers and the patent should be used.
6. This policy is not intended to negate the need for law enforcement personnel to use appropriate restraint equipment that is approved by their respective agency to establish scene management.

BLS Procedures

Assess airway, suction airway as needed.
Assess blood glucose level.
Obtain Sp02
Oxygen. Titrate to Sp02 to 94% or higher.
Must provide continuous uninterrupted monitoring of Respiratory Status, Spo2 and heart rate, with blood pressure every 15 minutes.

De-Escalation Techniques:

- Remain Calm
- Position yourself at the patient's level
- Listen
- Acknowledge their feelings
- Avoid giving orders
- Offer options
- Ask what they need
- Do not threaten
- Use only the required responders, ask others to step out

Physical Restraint:

- **The patient shall never be placed in a prone position, sandwiched between two backboards, scoop-stretchers, or flats.**
- Use only padded soft restraints that will allow for quick release. Hard ties or restraints that require a key cannot be applied by EMS.
- Restrained extremities shall be evaluated for pulse quality, capillary refill, color, temperature, nerve and motor function immediately following application and every 15 minutes thereafter. Hands and/or feet cannot be secured or restrained behind the patient (including handcuffs placed by law).
- Restraints shall be applied in such a manner that they do not cause vascular, neurological or respiratory compromise.
- Transport personnel must be provided with the written restraint order from the transferring Physician or their designee as part of the transfer record.
- Padded soft restraints are the preferred method of restraint for IFT Psychiatric Patients, and must not be attached to the moveable side rails of the gurney.
- A two-point, locking, padded cuff and belt restraint and/or two-point locking, padded ankle restraints may be used only in the IFT of psychiatric patients on a 5150 hold. Transport personnel must have immediate access to the restraint key at all times.

Patients in Law Enforcement Custody

- Restraint devices applied by law enforcement must provide sufficient slack in the restraint device to allow the patient to straighten the abdomen and chest and to take full tidal volume breaths.
- Restraint devices applied by law enforcement require the officer's continued presence to ensure patient and scene management safety. The officer should accompany the patient in the ambulance.
- In the unusual event that this is not possible, the officer should follow by driving in tandem with the ambulance on a pre-determined route. A method to alert the officer of any problems that may develop during transport should be discussed prior to leaving the scene. Patients in custody/arrest remain the responsibility of law enforcement.

ALS Standing Orders

Follow BLS procedure if applicable.
ECG & consider 12-lead when capable.
IV/IO Access as needed.
Obtain EtCO2.

Chemical Restraint

If Midazolam administered, MUST provide continuous, uninterrupted monitoring of Respiratory Status, Spo2, EtCO2, and ECG, with blood pressure every 5 minutes.

Midazolam 2 mg Slow IV Push
- Titrate to desired degree of sedation.
- May repeat at 1 – 2 mg increments every 3 minutes.
- Max total dose of 6 mg

OR

Midazolam 5 mg IM
- No repeat.

OR

Midazolam 10 mg IN
- Deliver ½ dose each Nare.
- No repeat.

Midazolam 0.1 mg/kg Slow IV Push
- Titrate to desired degree of sedation.
- May repeat x2 every 5 -10 minutes.
- Max single dose 2 mg.
- Max total dose of 4 mg.

*Use a 1 mL syringe for Midazolam administration in pediatric patients

OR

Midazolam 0.1 mg/kg IM
- Max single dose 4 mg.
- No repeat.

OR

Midazolam 0.2 mg/kg IN
- Deliver ½ dose each Nare.
- Max single dose 5 mg.
- No repeat.

Special Considerations

- Consider any potential cause of the abnormal or combative behavior such as, but not limited to, head trauma, hypoxia, drug and alcohol related problems, hypoglycemia and other metabolic disorders, stress, excited delirium, or psychiatric disorders and treat according to the appropriate protocol.
- It is recognized that a full assessment requires patient cooperation, and thus may be difficult or impossible to perform

Base Hospital Orders Only

Contact base hospital for medication dosing that exceed written protocol.