

Patient Restraint

Designation of Condition: The patient will be significantly impaired (e.g., intoxication, medical illness, injury, [psychiatric](#) condition, etc.) and will lack the capacity to make an informed decision regarding their own care; **AND/OR** exhibits violent, combative, or uncooperative behavior which does not respond to verbal de-escalation. The application of restraints must be done out of necessity to ensure patient or provider safety or to facilitate patient assessment and treatment.

- Request law enforcement at the earliest opportunity
 - Law Enforcement in this protocol shall indicate any of the following:
 - Law Enforcement Officer
 - Fire Department Arson Officer
 - Corrections Officer
 - Federal Officer
 - Federal Agent
- Ensure the presence of sufficient personnel to safely apply EMS restraints
 - Two (2) main restraints systems used in Bernalillo County:
 - Physical EMS Restraints—Velcro Soft Restraints System

Consider [Chemical Sedation Guideline](#) in conjunction with EMS Restraint—Versed or if patient meets Excited Delirium Criteria- [Ketamine](#)

- Attempt less restrictive measures to control before applying EMS restraints (e.g., verbal de-escalation)
- Explain to the patient and family why EMS restraints are necessary
- Use the minimal amount of EMS restraints necessary to control the patient and still insure provider safety during transport
 - Watch for positional asphyxia
- Apply EMS restraints in a humane manner, affording the patient as much dignity as possible. Utilize only appropriate restraint devices (see below).

Patient Exam:

- ABC's, vital signs (including O2 sat and BGL) at the earliest opportunity.
- Treat trauma and seizure if applicable.
- Continuously monitor the airway, breathing, circulatory status, neurovascular function in restrained limbs, and the need for continued restraint.
- Maintain the patient in the supine or lateral recumbent position.
- A paramedic and at least one other EMT will attend restrained patients at all times.

Documentation:

- Reason for the restraint; [MCEP](#) involvement as needed
- Circumstances of the incident
- Known or suspected causes of agitated or delirious behavior
- Why the patient could not be transported without restraints
- Relevant comments made by patient
- Vital signs, O2 sat and BGL (if obtained)
- Position of patient, type of restraint, and location of restraints on patient
- Injury to patient or to EMS personnel: state whether injury occurred before, during, or after the restraint process.
- In cases of restrained patients, every service on-scene must generate an EMS report. Complete documentation is mandatory.

Appropriate Techniques:

Restraint techniques that are appropriate for EMS utilization include:

- [Chemical sedation](#)
- Soft patient restraints to gurney
- Spit hood (system approved full visibility hood when patient is spitting)
- Soft gauze
- Blankets and sheets
- Other system approved commercially available devices