

Thurston County EMS Field Protocols

<http://www.co.thurston.wa.us/medic1/protocol.htm>

from pages J-51 to J52

Restraint Guidelines for Violent / Combative Patients

Procedure:

7. Once the patient is restrained, continue with a thorough examination and appropriate treatment while closely monitoring the patient throughout transport
8. ***If the patient continues to struggle once secured or is not compliant with spinal immobilization, chemical restraint is indicated***

Without SUSPECTED spinal injury

1. Secure a soft restraint to the patient's other wrist and secure the arm above the patient's head to the top of the LBB

Chemical Restraint:

Indications:

- ***Patients who are so violent and combative that they cannot reasonably be placed in medical restraint without causing physical injury to the patient or EMS providers, OR***
- ***Patients who continue to struggle after placed in full body medical restraint***
- ***IF SITUATION ALLOWS, contact supervising physician for orders for midazolam 10 mg IN or IM***

Documentation:

- A health care emergency existed and the need for treatment was explained to the patient
- Implied consent existed because the patient was not legally competent
- Evidence of the patient's incompetence
- The patient refused treatment
- Less restrictive methods of restraint attempted
- Assistance/direction of law enforcement with restraint and/or orders from supervising physician to restrain
- Type of restraint employed

Skills - Appendix J

Restraint Guidelines for Violent / Combative Patients

Documentation (cont.)

- The limb(s) restrained
- Injuries that occurred during or after restraint
- Distal circulation checks every 15 minutes (minimum of twice during transport)
- Behavior and/or mental status of patient after restraint