



Standards Procedure (Skill) Universal Section

Restraints: Therapeutic Take Down

Agency Name: _____
 Provider Name: _____ Paramedic
 Instructor Name: _____ EMT AEMT Paramedic Physician

SATISFACTORY ☐

UNSATISFACTORY ☐

Instructor:

1. Evaluate providers skill performance using the check off list below.

2. Circle performance indicator.

YES = Provider completed skill with no assistance from instructor.

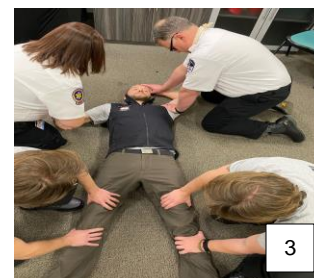
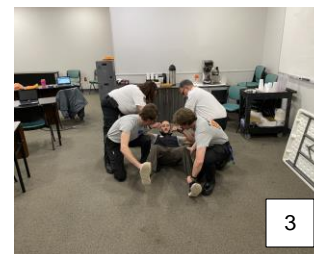
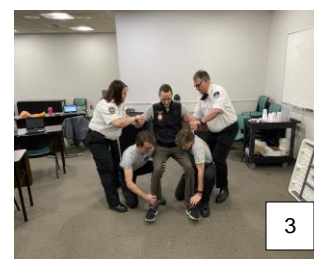
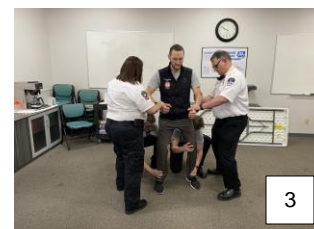
NO = Provider unable to complete skill satisfactorily following instructor intervention.

IL = Provider able to complete skill satisfactorily following Instructor Led (teaching) intervention.

Satisfactory performance indicated with ≥ 12 YES / IL completions. (Combination of both YES and IL)

	EMR	
B	EMT	B
A	AEMT	A
P	Paramedic	P

YES NO IL	<u>Verbalizes indications for physical restraints:</u> 1. Used to ensure the physical safety of the patient, provider, or others 2. Clear and immediate danger to the patient (self), provider, or others 3. When less restrictive alternatives are unsuccessful (e.g., verbal de-escalation) 4. Delay in restraint will subject patient (self), providers, or others to risk of serious harm	1
YES NO IL	<u>Verbalizes contraindications for physical restraints:</u> 1. Patient has medical decision-making capacity and refuses care 2. Patient is not a danger to self, provider, or others 3. Less restrictive alternatives have not been considered or used	1
YES NO IL	<u>Verbalizes assessment of resource needs:</u> Request Law Enforcement if indicated Contact Medical Control if indicated Call for additional providers if indicated Withdraw from scene if unsafe	2
YES NO IL	<u>Assemble appropriate equipment and personnel:</u> 1. 4 – 6 providers preferably 2. Don appropriate PPE 3. Soft nylon or leather restraints specifically manufactured for use as restraints	2
YES NO IL	<u>Remove potential items from all providers that can be used as weapons:</u> 1. Stethoscope, shears or scissors, hemostats, writing pens, badges, pins 2. Window punch, pocket knives, communication devices	
YES NO IL	<u>Team leader assign roles to providers and discusses plans and strategies:</u> Team leader explains procedure to patient If patient already on cot: 1 Provider to control the head and airway 1 Provider for each extremity 1 Provider to administer medications, if indicated If patient standing or walking: Team leader attempts verbal instructions to move patient to cot if possible 2 Providers approach from front and take control of both wrists and elbows 2 Providers approach from rear and take control of both ankles and knees 1 Provider controls head/airway and 1 Provider is available for medications	3
YES NO IL	<u>With patient supine on cot (may place in lateral decubitus – DO NOT place prone):</u> 2 Providers approach from front and take control of both wrists and elbows 2 Providers approach from rear and take control of both ankles and knees 1 Provider controls head/airway and 1 Provider is available for medications	
YES NO IL	Soft nylon or leather manufacture restraints are applied to wrist and ankles Secure restraints to cot with quick-release tie Examine patient for potential injuries following restrain application	
YES NO IL	Assess pulse, motor, and sensory immediately following application Perform pulse, motor, and sensory assessments every 15 minutes afterwards	
YES NO IL	Patient must remain under constant observation by EMS at all times Appropriate monitoring equipment required based on clinical circumstances	
YES NO IL	<u>Patient care report documentation requirements (restraint checklist recommended):</u> Indication for restraint use Type of restrain applied and time of application Pulse, motor, and sensory exams and time of exam	



Instructor notes:



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Clinical Information for physical restraints

Objective of Procedure:

To protect a patient from self-harm and/or protection of providers or others on scene
Used when less restrictive alternatives have failed
Used as last resort

Scope of Practice: EMR, EMT, AEMT, and Paramedic

Indications:

Physically combative patient not responding to less restrictive means of de-escalation
Immediate danger of self-harm or harm to providers, or others on scene

Contraindications:

Less restrictive techniques have not been used or considered prior to physical restraint
Intact medical decision-making capacity refusing treatment and not a danger to self or others

Clinical Presentation:

Behavioral health crisis
Altered Mental Status with combativeness
Agitation and violence

Potential Complications:

Positional asphyxiation
Injury to patient, providers, or others
Increased mental stress to patient
Injury following escape from restraints
Bodily fluid exposure

Positioning Considerations:

Do not place patient in a supine position or place objects on top of patient
One arm should be restrained above the head
May place in a lateral decubitus position, supine is preferred
Head of bed should be elevated to about 30°

Procedure references:

1. Kowalski JM. (2019). Physical and Chemical Restraint. Roberts and Hedges' Clinical Procedures in Emergency Medicine and Acute Care. 7th ed.(pp 1481 - 1498). Philadelphia, PA. Elsevier.
2. Heiner JD, Moore GP. (2018). The combative and difficult. Rosen's Emergency Medicine: Concepts and Clinical Practice. 9th ed. (pp 2375 - 2386). Philadelphia, PA. Elsevier.
3. Booth JS. (2018, Dec 19). Four-Point Restraint. Retrieved from <https://emedicine.medscape.com/article/1941454-overview>.
4. Bradley S. (2017). Psychiatric Emergencies. AAOS Emergency Care and Transportation of the Sick and Injured. 11th ed. (pp.802 – 827). Burlington, MA. Jones and Bartlett Learning.