



# Standards Procedure (Skill) Universal Section

## Restraints: Physical

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.

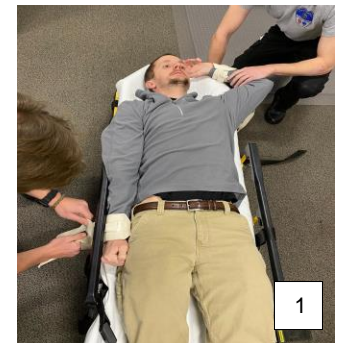
NO = Provider unable to complete skill satisfactorily following instructor intervention.

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

**Satisfactory performance indicated with  $\geq 12$  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	
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	
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 <u>Withdraw from scene if unsafe</u>	
YES NO IL	<u>Assemble appropriate equipment and personnel:</u> 1. 3 – 6 providers preferably 2. Don appropriate PPE 3. Soft nylon or leather restraints specifically manufactured for use as restraints	
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 standing and will not follow directions use Procedure USP – 6. <u>If patient already on cot or flat surface:</u> <ul style="list-style-type: none"> <li>1 Provider to control the head and airway</li> <li>1 Provider for each extremity</li> </ul> <u>Team leader attempts verbal instructions to move patient to cot if possible:</u> <ul style="list-style-type: none"> <li>2 Providers take control of both wrists and elbows</li> <li>2 Providers take control of both ankles and knees</li> <li>1 Provider controls head/airway and 1 Provider is available for medications</li> <li><b>May place in lateral decubitus position – DO NOT place prone:</b> </li> </ul>	1
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	Both lower extremities restrained extended, cross restraints beneath lower extremities One upper extremity restrained extended by patient's side One upper extremity restrained flexed over patient's head Do not tie restraint to cot undercarriage	2
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:**



## Restraints: Physical

### 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  
Both legs should be restrained fully extended  
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. 7<sup>th</sup> 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. 9<sup>th</sup> 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. 11<sup>th</sup> ed. (pp.802 – 827). Burlington, MA. Jones and Bartlett Learning.