

BEHAVIORAL COMBATIVE PATIENT

BASIC EMT / ADVANCED EMT

Use of physical restraints is appropriate when less restrictive measures are ineffective, and the restraints are necessary to protect the patient or others from injury.

1. Consider Excited Delirium Syndrome
 - Delirium (confusion)
 - Agitation with bizarre or destructive behavior
 - Tactile Hyperthermia
2. Confused or combative patients should be assessed and restrained physically prior to transport.
3. Law enforcement should be involved if indicated.
4. Check for weapons prior to transport.
5. Notify receiving hospital that restraints are in place and assistance will be necessary.
6. Monitor the patient and pulses distal to the restraint.
7. Position the patient in a supine or side lying position if possible.

Physical restraints include:

- Soft restraints
- Leather restraints
- Hand Cuffs: If used may only be secured to the cot and **not the vehicle** of transport. Law enforcement is encouraged to accompany the patient. If this is not possible, the EMS personnel **MUST HAVE** in his/her possession the **KEYS** to the cuffs.

PARAMEDIC

8. Coordinate restraint plan with Law Enforcement Officer
9. Rapid sedation immediately following restraint

Suspected Excited Delirium:

- **Versed (midazolam)** up to 10 mg IM/IN – May repeat in 5 minutes IV, IM or IN
- OR
- **Ketamine (Ketalar)** 300mg IM (if available)
- Establish IV access when able
- Cooling with ice packs in groin, axilla, and neck
- NS 1000 ml IV bolus

BEHAVIORAL COMBATIVE PATIENT cont.

Suspected behavioral/combative patient w/o signs of Excited Delirium:

- **Midazolam (Versed)** Up to 5 mg IV, IO, IN, or IM may repeat to a total dose of 10 mg. Contraindicated with hypotension.

OR

- **Ketamine (Ketalar)** 300 mg IM or if IV established, 1 mg/kg IV / IO may repeat once (call medical control for further orders)