Westchester Regional EMS Council

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REMAC ADVISORY

2015 – 03: **Agitated Patient Restraint / Excited Delirium**

Issued: June 12, 2015

Effective Date: Current

The Collaborative NY Protocols specifically address safe patient restraint. The Agitated Patient Restraint / Excited Delirium protocol was developed in order to reduce harm to patient, public and emergency responders when treating patients with severe agitation or excited delirium. EMS and first responder's must be aware of best practices when dealing with these potentially dangerous and ill patients.

Background

A review of the medical literature on fatal outcomes regarding patient restraint highlights the following to the most significant associated factors with cardiac arrest in this patient population:

- Patients with excited delirium
    - Excited delirium is defined as the acute onset of bizarre or violent behaviors, including aggression, combativeness, hyperactivity, extreme paranoia, increased strength, hallucinations, incoherent shouting and frequently hyperthermia.
- Patients who are intoxicated on stimulants (cocaine, amphetamines, PCP, etc…).
- Patients restrained in a prone position and/or hobble restraints, especially when struggling while in this position.
- Patients with chronic alcoholism and/or alcohol intoxication.
- Patients with underlying cardiac, respiratory disease, obesity, etc.

Approach

All good patient care starts with assessment of the scene and the patient. Make sure you have the adequate assistance before approaching anyone in an agitated state, law enforcement resources should be present to assist and keep responders safe. If you or other first responders feel unsafe, withdraw from the area immediately until law enforcement deems the situation safe. Assessment of underlying factors which may be causing a disturbed behavior and addressing any reversible conditions must be done before resorting to any type of restraint. It is critical to distinguish between a highly agitated patient and a patient manifesting excited delirium syndrome (ExDs), as ExDs represents a true medical emergency. Escalating restraint of a patient who was just in need of oxygen or glucose should never occur.

While many responders may overly focus on the medications which are allowed for chemical restraint, the purpose of the Agitated Patient Restraint/Excited Delirium protocol is to present a holistic approach to handling these patients suffering from a disoriented state. As contained in the key points:

- **Efforts should primarily start with verbal de-escalation.** Sometimes referred to as psychological first aid, letting your patient express what is causing his or her distress can help defuse their stress. Taking a less threatening position such as avoiding eye contact or encroaching on the patient's personal space is recommended. Simple steps like removing over-stimulating factors (i.e. too many personnel on the scene, squawking radios, flashing lights) can also go a long way towards the goal of a peaceful resolution. Verbal de-escalation, if possible, is the ideal method for managing these patients.
- If the need for physical intervention is required, it should be done in a team setting with individuals who have been trained to facilitate a controlled take-down. ***It should be noted that use of force is considered an absolute last resort measure.***

Restraint

If a patient requires physical restraint it should be used only to complete transport of the patient, the selection of type of restraint should be what is minimally required. Restraints are most efficient if applied to four-points (each limb) and tethers applied to the hips, thighs and chest. EMS personnel by themselves are limited to use of "soft restraints" (i.e. cling gauze, cravats, straps). Patients in police custody and/or handcuffs must be accompanied to the hospital by the jurisdictional law enforcement agency. EMS should never be left alone with a patient in restraints that cannot be removed (i.e. handcuffs). Any restrained patient must be continuously monitored by the EMS crew.

Chemical restraints may become necessary to subdue excessive agitation and struggling against physical restraints. Continual, forceful attempts to elude restraints by a patient increase the likelihood of development of adverse conditions such as cardiac dysrhythmias or metabolic acidosis. However, the intervention should change the patient's behavior without reaching the point of amnesia or altering the patient's level of consciousness. The goal is to calm the patient, not render them incapable of protecting their own airway. The latest version of the collaborative protocols include both a standing order for 5mg of IM Versed as well as a physician option for Haldol 2.5 or 5mg or 5mg additional Versed. Planned maneuvering should be discussed with law enforcement and other first responders when considering the rapid use of a chemical restraint. Intramuscular injection is the quickest route of administration when dealing with a combative patient and safety is of utmost importance.

Positioning

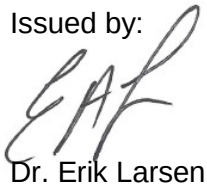
In circumstances where law enforcement intervention is necessary for EMS to gain and keep control of the scene and/or patient, clearly an ability to negotiate the safety of the patient and the crew is a priority. Tactics used by the police to immediately subdue an individual may include placing them prone. **PATIENTS SHOULD NEVER BE LEFT IN A PRONE POSITION**. After gaining control, the patient must immediately be placed in a seated, supine or lateral recumbent position so that they can be monitored for cardiac or respiratory distress. If necessary a surgical mask can be placed over the patient's face to prevent spitting and a

cervical collar may decrease the patient's range of motion if attempting to bite. Constant re-evaluation and reassessment of patients with any type of restraint employed is required.

It is noted that these types of patient interactions are among the most challenging for prehospital providers and require an inordinate amount of personnel, time and patience. However it should be the goal of every member of our EMS system that no patient should ever be harmed while in the care of EMS.

Please refer all questions regarding this advisory to the Regional EMS Office Staff. Your anticipated cooperation is appreciated.

Issued by:



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