



**Universal Care
PATIENT RESTRAINT
Practice Guideline**

Patient Care Goals

1. Protect patient, bystanders and EMS from harm
2. Escalate intervention to achieve safe control of the patient and the situation
3. Identify when law enforcement or other resources are needed

Patient Presentation:
Inclusion Criteria
Agitated or combative patients demonstrating behavior which represents a clear risk of harm and danger to themselves or others; usually the result of acute intoxication, overdose, or mental health crisis

Patient Management:
Non-verbal and verbal de-escalation

Medication:
Ketamine
Initial Dose: 3 mg/kg IM ROUTE ONLY (max single dose 300 mg)
After 10 mins pt remains combative:
Second Dose: 1 mg/kg IM ROUTE ONLY (max single dose 100 mg)
Additional orders from OLMC

Patient Safety Considerations:

1. Delirium and agitated behavior are associated with high mortality; deploy chemical restraint to minimize delirium and forceful restraint
2. Ensure restraint allows for uninterrupted chest wall expansion and ventilation
3. Capnography should be used whenever ketamine is given
4. Agitation is a symptom requiring management-look for the underlying cause and treat as needed
5. Restrained pts may not be transported in prone position
6. Law Enforcement Restraints (i.e. handcuffs) must not interfere with pt care. LE officer must be present with pt at all times during EMS care and transport

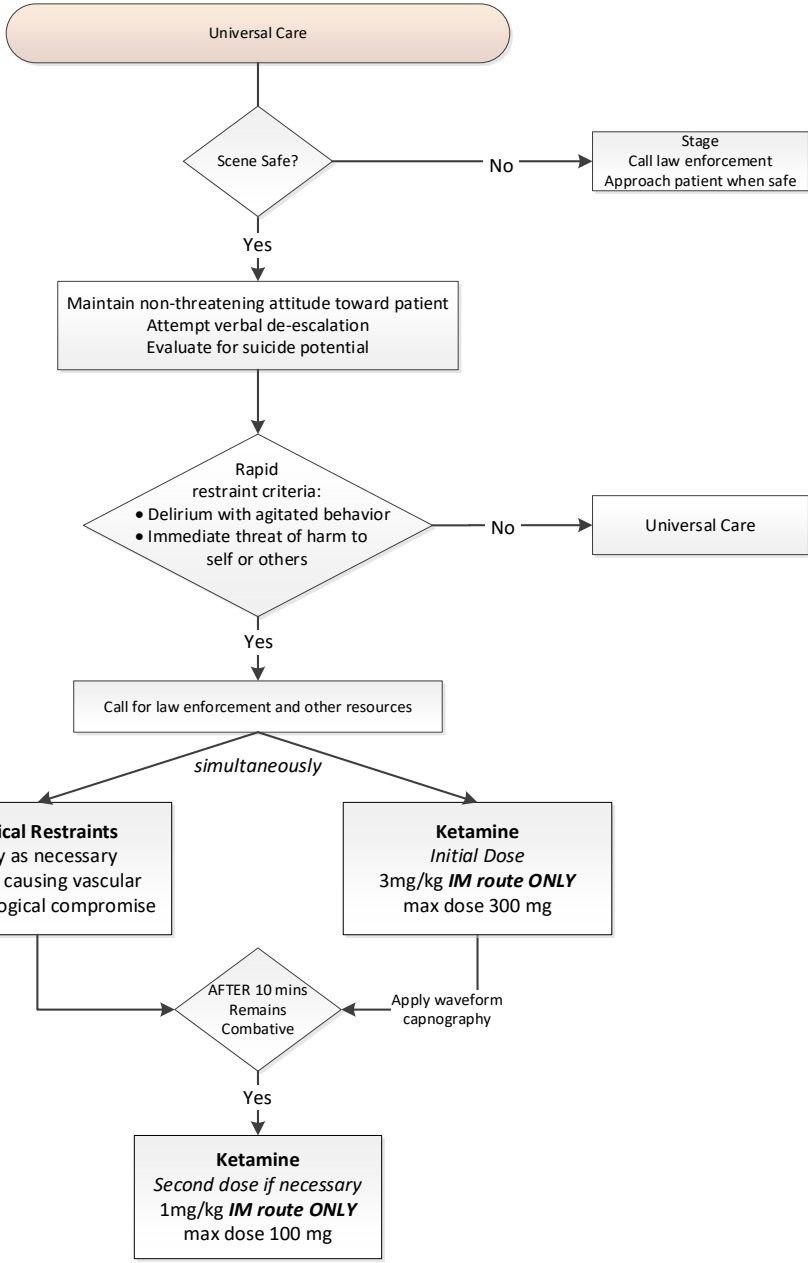
Quality Improvement:
Key Documentation Elements

1. Medical decision making detailing need for chemical and physical restraint
 - Circumstances/behavior which precipitated use of restraint
 - Result of less restrictive measures
 - Time and type of restraint
 - Position of patient upon restraint and transport
2. Patient weight

Performance Measures

1. Waveform capnography

Attempt to rule out medical cause for patients abnormal behavior
AEIOU-TIPS V
A - Airway, alcohol, arrest
E - Epilepsy, electrolytes, endocrine
I - Insulin
O - Overdose, oxygen depletion, opiates
U - Uremia (chronic renal failure)
T - Trauma, tumors, temp
I - Infection
P - Psych, pseudoseizures
S - Syncope, shock, stroke, sickle cell crisis
V - Vascular, inadequate blood flow



Initiated: 12/10/1992
Reviewed/Revised: 04/15/2022
Revision 29

Approved: Benjamin Weston, MD, MPH Medical Director
Approved: Dan Pojar, BSEMS, FP-C, NRP EMS Division Director
WI DHS EMS Approval: 04/15/2019

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KETAMINE														
KETAMINE	ADULT DOSE	PEDIATRIC DOSE	ADMINISTRATION GUIDELINE	INDICATIONS	CONTRAINDICATIONS	NOTES								
Patient Restraint IM	1 st Dose: 3 mg/kg (300 mg max) 2 nd Dose: 1 mg/kg (100 mg max)		Do not dilute	Delirium with agitated behavior Immediate threat of harm to self/others	This dosing is not to be used for Post Airway Sedation									
	Concentration: 500 mg in 5 mL													
<i>Initial Dose</i>														
Weight (kg)	5	10	15	20	25	30	35	40	50	60	70	80	90	100
Dose (mg)	15	30	45	60	75	90	105	120	150	180	210	240	270	300
Patient Restraint (3.0mg/kg)	0.2 mL	0.3 mL	0.5 mL	0.6 mL	0.8 mL	0.9 mL	1.1 mL	1.2 mL	1.5 mL	1.8 mL	2.1 mL	2.4 mL	2.7 mL	3 mL
<i>Second Dose (Contact OLMC for additional dosing beyond second dose)</i>														
Weight (kg)	5	10	15	20	25	30	35	40	50	60	70	80	90	100
Dose (mg)	5	10	15	20	25	30	35	40	50	60	70	80	90	100
Patient Restraint (1.0mg/kg)	0.1 mL	0.1 mL	0.2 mL	0.2 mL	0.3 mL	0.3 mL	0.4 mL	0.4 mL	0.5 mL	0.6 mL	0.7 mL	0.8 mL	0.9 mL	1.0 mL

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