

AG11 Combative Patient

Objectives:

- To assess and appropriately treat a patient who is combative
- To ensure the safety of the patient and others
- To facilitate a means for an appropriate assessment
- To utilize de-escalation techniques prior to pharmaceutical intervention

General Information:

- De-escalation
- Physical Restraint Guidelines
 - a Use the minimum physical restraint required to accomplish necessary patient care and ensure safe transportation:
 - i Soft restraints may be sufficient
 - ii If law enforcement or additional personnel are needed, call for it prior to attempting restraint procedures
 - iii Do not endanger yourself or your crew
 - b Avoid placing restraints in such a way as to preclude evaluation of the patient's medical status (airway, breathing, and circulation). Consider whether placement of restraints will interfere with necessary patient care activities or will cause further harm.
- Chemical Restraint Guidelines
 - a Sedative agents may be used to provide a safe, humane method of restraining the violently combative patient who presents a danger to themselves or others and to prevent the violently combative patient from further injury while secured by physical restraints
 - b These patients may include but are not limited to the following:
 - i Alcohol and or drug-intoxicated patients
 - ii Restless, combative head-injury patients
 - iii Mental illness patients
 - iv Physical abuse patients (more humane than physical restraint)
- Capacity issues are complex. If the patient is intoxicated, has a head injury, has a history of overdose or is thought to be an immediate danger to self or others, he/she is most likely not capable to refuse treatment. Contact police and Medical Control to aid in making the decision
- Consider 50 mg IV/IM diphenhydramine (Benadryl) if patient exhibits signs of a dystonic reaction (standing orders for Intermediates/Paramedics)
 - a Abnormal muscle tone; sudden stiffening; turning head to one side



Warnings/Alerts:

- All patients who have been given Haldol must be physically restrained
- Haldol lowers the seizure threshold and is contraindicated in patients with a seizure history
- Considerations during restraint:
 - a) Airway/ventilation compromise
 - b) Positional asphyxia
 - c) Neurovascular injury/compromise
 - d) Agitated delirium (acidosis).

OMD Notes:

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References:

Mosby's Paramedic Textbook, 3rd Edition, 2007 pg 1045-1046

Performance Indicators:

De-Escalation Attempted
Use of Chemical Restraint

Patient Mental Capacity
Time on Scene

Use of Physical Restraint
Patient Disposition

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