

USE OF RESTRAINTS	
ADULT	PEDIATRIC (≤34KG)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Application of restraints – see Notes • Evaluate restrained extremities for pulse quality, capillary refill, color, nerve and motor function every 15 minutes 	
BLS Optional	
Pulse Oximetry – O ₂ administration per Airway Management Protocol #602	
ALS Standing Orders	
Severely agitated or aggressive patients that interfere with patient care, or patient/crew safety refer to Behavioral Protocol #613	
Base Hospital Orders Only	
As needed	
Notes	
<ul style="list-style-type: none"> • Restraints for prehospital use must be either padded leather or a soft material and allow for quick release <ul style="list-style-type: none"> ○ No hard plastic ties ○ No “sandwiching” the patient between backboards or like devices ○ No restraining hands and feet behind the patient (“hog-tying”) ○ No methods or material applied in a manner that cause respiratory, vascular or neurological compromise ○ Patient may not be transported in the prone position • Indications <ul style="list-style-type: none"> ○ For patients who are violent, or may harm themselves or others during field treatment or transport • Documentation shall include: <ul style="list-style-type: none"> ○ Reasons and time restraints were applied ○ Which agency/personnel applied the restraint ○ Evaluation of restrained extremities for pulse quality, capillary refill, color, nerve and motor function every 15 minutes ○ Evaluation of respiratory status • Method of application shall allow for monitoring of vital signs and shall not restrict the ability to protect the patient’s airway, or compromise neurological or vascular status • Restraints applied by law enforcement and not approved for use by EMS personnel: <ul style="list-style-type: none"> ○ Require the officer to remain available at the scene or during transport to remove or adjust restraints for patient safety ○ Must allow for straightening of the abdomen and chest to allow for full tidal volume respirations • Aggressive or violent behavior may be a symptom of medical conditions such as head trauma, alcohol, drug related problems, metabolic disorders, stress or psychiatric disorders. 	