A. Introduction

Chemical patient restraint is a means of modifying a patient's physical activities to protect the patient or others from injury as it may be the case, although rare, in a true excited delirium emergency. Excited delirium is a condition in which a person is in a psychotic state, possible self-destructive, and unable to process rational thought. Physically the organs within the patient are functioning at such an excited rate that they begin to shut down. The patient will likely resist normal efforts of physical control and possibly even Conducted Electrical Weapon (CEW) deployment. Possible causes of excited delirium may include but are not limited to overdose or withdrawal from stimulant or hallucinogenic drugs, psychiatric patient on or off medication, illness, low blood sugar, psychosis and head trauma.

Chemical restraint with IM or IV medications should only be used when less restrictive means of controlling a patient's behavior have been exhausted. The reason for restraint, the method used, and a pre-sedation Glasgow Coma Score (GCS) should be documented on the electronic Patient Care Report.

B. Assessment

1. Determine scene safety. Request law enforcement to assist with manual restraint.
2. Initial Assessment/Care **Protocol 1**.
3. Chemical patient restraint may be indicated for the following:
    a. A patient exhibiting violent behavior towards themselves or others as defined under "The Baker Act", FS 394.463 **Protocol 2.**
    b. A violent non-cooperative patient who requires emergency medical treatment and/or transportation as defined under the "Incapacitated Persons Act" FS 401.445 **Protocol 2.**

C. Patient Care

EMR/BLS

1. Position patient supine or lateral recumbent position only, to limit chances of positional asphyxia.
2. Apply manual or soft restraints if necessary to ensure patient and crew safety **Procedure 27**.
3. Administer oxygen as needed **Procedure 1.**
4. Check and document blood glucose level (once restrained).
5. *If **excited delirium** is suspected:*
    a) Assess oral/axillary/infrared temperature to rule out hyperthermia (> 102° F).
    b) If the patient is hyperthermic, use external cooling measures **Protocol 26**.

    NOTE: Consider an active/passive cooling approach.
6. If the patient was restrained by CEW provide care in accordance to **Protocol 33**.

ALS

NOTE: When physical and/or chemical restraints are used, a complete ALS assessment and treatment will be required.

1. Patients exhibiting signs of severe agitation compromising patient care or the safety of themselves and the crew and the continuation of struggle against physical restraints, consider chemical patient restraint. Administer **Ketamine 2 mg/kg (Max 200 mg)** slow IV or IM**.**

    a) For IM administration, a second dose can be administered in a different IM injection site.

2. Follow with administration of **Midazolam (Versed) 2.5 mg** slow IV or IM/IN.
3. Attempt to infuse up to **1 L** of **Normal Saline**.
4. Monitor ECG continuously and perform a 12-Lead ECG (once restrained).
5. Perform aggressive airway suctioning due to hypersalivation:

    a) If hypersalivation compromises respiratory efforts and is not controlled with aggressive oral suctioning, administer **Atropine 0.5 mg** IV/IO/IM.

6. Assess for other toxicity and provide treatment in accordance to **Protocol 15.**

    a) Contact Poison Control at 1-800-222-1222 in the event of drug or chemical intoxications beyond current standing orders.