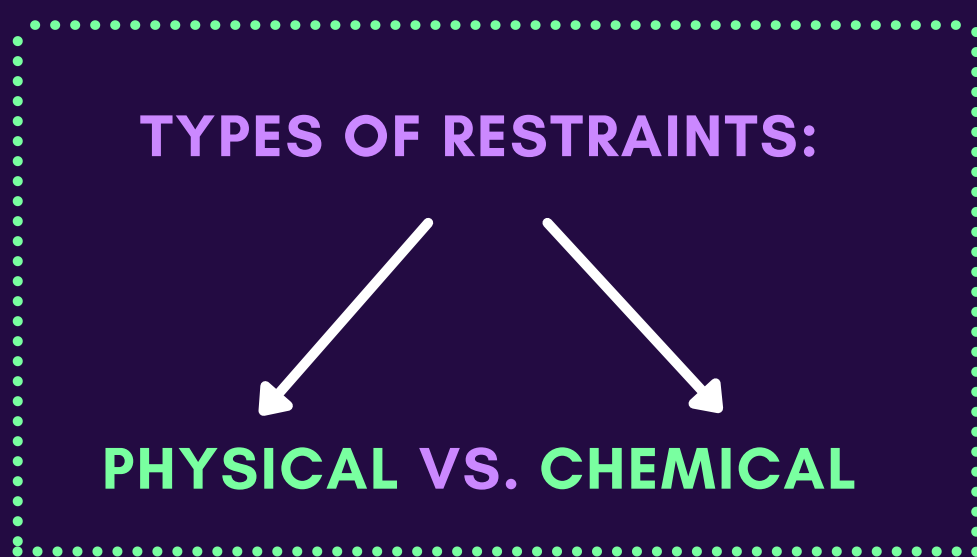


# RESTRAINTS

## WHEN TO USE RESTRAINTS

- Use of **physical** and **chemical** restraints in the ED should be limited to **when absolutely necessary**.
- **De-escalation techniques** should be used prior whenever possible.
- In some cases however, chemical or physical restraints **may** be necessary to maintain the **safety of the patient and staff**.
- Always keep in mind that there is a **high threshold** for administering involuntary restraints; doing so **intrinsicly removes a person's autonomy over their own body**.



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## PHYSICAL RESTRAINTS

- **Medical-grade restraints** that attach to the patient at 4-5 points.
- Typically used as a **bridge to effective chemical restraints** - should only be used as a **last resort**
- Should be performed only by **trained staff**:
  - **6 staff total**; one for each extremity, one at the patient's head, and one to administer medications following application.
- Ensure proper **application** of restraints:
  - The patient should be **supine**, with restraints applied securely to each extremity, **attached to the bed frame**, not the railings.
  - To prevent aspiration, **elevate the head of the bed**.
  - Restrain the arms with **one arm up, one arm down**
- Use of physical restraints is controversial - can result in increased risk for **physical and psychological injury**.