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 intrinsically removes a person’s autonomy over their own body.

TYPES OF RESTRAINTS:

PHYSICAL VS. CHEMICAL

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.