



CCT-RN/Paramedic Treatment Guideline 1904/2904

Sedation and Restraint

Page 1 of 2

Safety of both the Critical Care Transport team and patient is paramount. This safety should not be compromised by the transport of a combative patient. Neither should the patient be allowed to put himself/herself into a situation that could potentially cause further self harm. This guideline is intended to ensure the safety of all involved, yet not infringe upon the rights of an awake, alert, competent patient.

A. Physical Restraint. All medical patients must be evaluated per **MAMP Protocol 1201/2201**. All trauma patients must be evaluated per **TAMP Protocol 1101/2101**.

1. Any patient needing restraints must be evaluated for toxic ingestion, multi-system trauma, or head injury. If patient has multi-system trauma or severe head injury causing combative behavior, follow **TAMP Protocol 1101/2101** and/or **Advanced Airway Management (RSI) Guideline 1901/2901**, if applicable for their medical management, rather than this guideline. However, no patient should ever be RSI intubated simply as a “retribution for being unruly.”

2. Soft restraints may be applied to any patient who, at the discretion of the CCT crew, must be restrained to prevent potential injury to the patient or the crew. This includes patients that consent to restraint, and patients who in the opinion of the CCT crew lack the ability to make that decision. Awake, alert, competent adults may refuse restraint and may even refuse transport.

3. If restraints are applied, four or five point restraint is desirable. Check for adequate perfusion in each restrained extremity every 15 minutes.

B. Chemical Restraint (Sedation).

1. Transport of a combative patient is inappropriate, especially during aeromedical transport. Patients that are combative and present a danger to themselves or the CCT crew may also need to be chemically restrained, in addition to physically restrained.

2. If chemical restraint (sedation) is necessary, follow the guidelines below:

a. Consider lorazepam (*Ativan*):

Adult dose: 1 – 2 mg slow IV push.

Pediatric dose: 0.05 mg/kg slow IV push (max. dose 2 mg).

OR



CCT-RN/Paramedic Treatment Guideline 1904/2904

Sedation and Restraint

Page 2 of 2

b. Consider midazolam (*Versed*): [Do not use if hemodynamically unstable]

Adult dose: 1 – 2 mg slow IV push

Pediatric dose: 0.1 mg/kg slow IV push

3. Repeat doses of either of the above meds may be given if necessary.

C. For any patient requiring physical restraint **and** chemical restraint (sedation), **Contact Medical Command** enroute with updated patient report.

