

ABC-EMS Protocol P-30 Restraint/Agitation Behavior Scale Form

Run # _____

Date of Incident _____

SECTION #1	REASON FOR RESTRAINT	(CHECK ALL THAT APPLY)
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- | | |
|--|--|
| <input type="checkbox"/> To prevent injury to patient care providers | <input type="checkbox"/> To prevent injury to EMS caregivers |
| <input type="checkbox"/> Patient has potential life/limb threatening illness or injury | <input type="checkbox"/> Verbal and "hands on" control ineffective |
| <input type="checkbox"/> To facilitate patient assessment/treatment | |

SECTION #2	PATIENT BEHAVIOR	(CHECK ALL THAT APPLY)
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- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Anger/Rage | <input type="checkbox"/> Restless / Agitated |
| <input type="checkbox"/> Combative / Violent | <input type="checkbox"/> Homicidal | <input type="checkbox"/> Confused / Disoriented |
| <input type="checkbox"/> Other (specify) _____ | | |

SECTION #3	CIRCUMSTANCES OF INCIDENT	(CHECK ALL THAT APPLY)
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- | | | |
|---|---|---|
| <input type="checkbox"/> Law enforcement present | <input type="checkbox"/> Patient under arrest | <input type="checkbox"/> Patient in handcuffs |
| <input type="checkbox"/> Foot chase prior to apprehension | <input type="checkbox"/> Altercation with law enforcement | |

SECTION #4	POSSIBLE CAUSES OF BEHAVIOR NECESSITATING RESTRAINT	(CHECK ALL THAT APPLY)
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- Suspected drug or alcohol use: Yes No
 If yes, check all applicable ETOH Cocaine Amphetamines PCP Opiate
 Other (specify) _____
- Suspected psychiatric cause of behavior: Yes No
 History of KNOWN psychiatric disorder: Yes No
 If yes, list diagnosis _____
- Observed Psychiatric behaviors (Check all that apply)
 Suicidal Manic Paranoid Depressed/Withdrawn
 Anxious Delusional Hallucinating
- Suspected medical cause of behavior: Yes No
 If yes, check all applicable
 Hypoxia Hypoglycemia CNS infection Seizures/post-ictal Dementia
 Other _____
- Suspected traumatic cause of behavior: Yes No If yes: Head trauma:
 Other _____

SECTION #5	PATIENT INJURY	(CHECK ALL THAT APPLY)
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- Was the patient injured while under your supervision? Yes No
 If so, during what phase of restraint process did the injury occur?
 Before restraint process began During restraining process After restraints applied and secured
 If so, was the patient injury due to the restraint process? Yes No
 If patient injured, describe the injury: _____

SECTION 6	AGITATION SCORE	(COMPLETE ALL BOXES)
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Indicate whether the behavior described in each item was present and, if so, to what degree: slight, moderate or extreme. Use the following numerical values and criteria for your ratings. DO NOT LEAVE BLANKS

1 = absent: the behavior is not present.
 2 = present to a slight degree: the behavior is present but does not prevent the conduct of other, contextually appropriate behavior. (The individual may redirect spontaneously, or the continuation of the agitated behavior does not disrupt appropriate behavior.)
 3 = present to a moderate degree: the individual needs to be redirected from an agitated to an appropriate behavior, but benefits from such cueing.
 4 = present to an extreme degree: the individual is not able to engage in appropriate behavior due to the interference of the agitated behavior, even when external cueing or redirection is provided.

(1 to 4 for each question)	On first seeing patient	On transfer of Care
TIME OF ASSESSMENT	____:____ AM <input type="checkbox"/> PM <input type="checkbox"/>	____:____ AM <input type="checkbox"/> PM <input type="checkbox"/>
Short attention span, easy distractibility, inability to concentrate.		
Impulsive, impatient, low tolerance for pain or frustration.		
Uncooperative, resistant to care.		
Violent and or threatening violence toward people or property.		
Explosive and/or unpredictable anger.		
Rocking, rubbing, moaning or other self-stimulating behavior.		

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Pulling at tubes, restraints, etc.		
Restlessness, excessive movement.		
Repetitive behaviors, motor and/or verbal.		
Rapid, loud or excessive talking.		
Sudden changes of mood.		
Easily initiated or excessive crying and/or laughter.		
Self-abusiveness, physical and/or verbal.		

SECTION 7	EMS RESPONDER INJURY	(CHECK ALL THAT APPLY)
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Were EMS personnel assaulted? (Threat or use of force by the patient that reasonably made the provider fear bodily harm)

Yes No

Were EMS providers injured during this call?

Yes No

If yes:

a) Did the injury require medical intervention?

Yes No

b) Did the injury result in lost days of work?

Yes No

c) Did the injury result from an assault?

Yes No

d) Was injury due to restraining process?

Yes No

If yes, during what phase of restraint process did the injury or assault to EMT occur?

Before restraint process began During restraint process After restraints applied and secured

If provider was assaulted or injured, describe the event/injury:

SECTION #8	CHEMICAL RESTRAINT	(CHECK ALL THAT APPLY)
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Was a pharmacological agent administered to sedate this patient: Yes No

If yes, Name drug: _____

1) Dosage and amount administered: _____

2) Time administered: _____

3) Route of delivery: IM IV

4) When was drug administered?

Before and/or during application of mechanical restraints Yes No

After mechanical restraints applied and secured Yes No

Name of MCEP (if applicable): _____

SECTION 9	RATIONALE FOR DRUG ADMINISTRATION	(CHECK ALL THAT APPLY)
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Mechanical restraint was ineffective in adequately controlling the patient; the patient continued to present a real danger to self and others despite mechanical restraint.

The patient continued to persistently and aggressively struggle against the mechanical restraints.

You were unable to adequately assess and treat the patient despite mechanical restraint.

Drug administered to facilitate the application of restraints

If EMS provider was assaulted or injured was chemical restraint was utilized

Before During, or After the injury or assault

Narrative: Describe in detail other pertinent observations (Serial clinical assessments of ABC's, vital signs and neuro checks) and other interventions. Describe devices used for restraint.

Paramedic Name

Paramedic Signature