Your approach to these patients requires excellent people skills—especially listening and observing. If you do not use these skills, or if you rush or seem disinterested, your care will likely fail. Therapeutic communication, as this interaction has been called, is an art. “Talking down” the behavioral emergency patient requires effort and skill. Some patients, however, will not react favorably even to the best people skills. Extremely withdrawn patients or those with severe psychotic symptoms may never fully respond during the time you spend with them out of the hospital. These patients still deserve quality care and compassion, even when they are uncommunicative or restrained.

Just as we must observe the patient, the patient observes us. Patients may actually be able to “read” us as accurately (or more accurately) than we read them. Perform your assessment and care confidently and competently. If patients sense uneasiness or indecision, they are more likely to act out. Never play along with a patient’s hallucinations or delusions. It may seem to be the easiest route, but ultimately it may be harmful. Often the patient will recognize that you are patronizing him. Or the patient may talk of hallucinations or appear delusional, but not fully believe what he says. If you play along, you will lose credibility.

**VIOLENT PATIENTS AND RESTRAINT**

Providing medical care in the prehospital environment often places paramedics in harm’s way. Agitation or confusion can result from a variety of medical or traumatic conditions. Additionally, various psychiatric and behavioral disorders can result in violent patients who pose a risk to paramedics, to themselves, and to others.

The restraint of violent patients at an emergency scene is a controversial aspect of modern EMS. In fact, because of several deaths related to patient restraint in the prehospital environment, the practice has come under increasing scrutiny. As a result, in 2002 the National Association of EMS Physicians (NAEMSP) adopted a position paper titled “Patient Restraint in Emergency Medical Services Systems.” The purpose of this document was to provide guidelines that will help to minimize the possibility of injury to patients and EMS personnel.

It is important to remember that many medical and trauma conditions can result in agitation and combativeness. Because of this, paramedics must be knowledgeable

**Legal Notes**

**Medicolegal Issues in Patient Restraint** EMS systems and medical directors must be aware of the laws of their state. Local legislation related to an individual’s rights, the processes for involuntarily restraining or holding patients with mental health disorders, an individual’s right to refuse treatment, and other related legal issues must be considered when developing a patient restraint protocol. In general, legislation attempts to ensure the safety of individuals who are an immediate threat to themselves or others. It may be necessary to involve law enforcement or a mental health official to restrain a competent individual against his will.

When possible, EMS systems should ensure that patients are accompanied by personnel of the same gender as the patient during treatment and transportation. This is of particular importance when pharmacological agents are used for chemical restraint.

The application of physical and chemical restraints to a patient must be performed with the understanding that overstepping the boundaries of proper restraint may be perceived as battery, assault, or false imprisonment. Restraint of an individual may even lead to serious allegations of civil rights violations. For these reasons, the EMS service should always review patient restraint policies with appropriate legal counsel.