The Violent Patient 2 CEUs  
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INTRODUCTION

A 2-hour course, covering the early recognition, de-escalation, and restraint of the violent patient. It also covers the medico-legal issues of restraints.

Objectives

By the end of this lecture, the participant should be able to...

1. Explain the psychological progression of violence.
2. Recognize the signs of impending violence before it happens.
3. Describe de-escalation techniques and ways of avoiding physical confrontation.
4. Explain the safest ways to restrain violent patients.
5. List the most common medications used for sedation as well as their actions and methods of administration.
6. Describe some of the legal issues surrounding restraining individuals without their consent.

Safety in the ambulance

When dealing with the potentially violent patient, your primary concern needs to be safety, in the following order.

1. Yours
2. Your co-workers
3. The other patients
4. The patient

With proper training and planning, you should be able to reduce the risk to all of the above.

The Emergency patient

- The Emergency scene is a truly unique environment in that it is a "melting pot" of people in bad moods, psychiatric and intoxicated patients, who are all either in physical or emotional distress. It can be described as a hot cauldron just waiting to boil over.
Types of violence
The specific cause of each outbreak varies from incident to incident, but is usually precipitated by one of several factors.

- Patient vs EMT
- The out of control patient who does not want to go in the ambulance of his own free will, but is potentially a risk to themselves or others.
- "You can't make me go, I'll call my lawyer"
- Often these patients need to be restrained to get them to treatment.
- Patient vs patient

Patient vs patient

- Patient vs patient violence can occur when an assault is ongoing, or recommences upon your arrival. You may find yourself in the middle of an altercation, trying to stop it.

Statistics
Pre-Hospital EMS

- 5% of runs involved violence towards provider
- Half were physical/ half were only verbal
- 25-67% of working EMT's have been injured on the job within the last year
- 71% say its part of the job
- 33-71% say no clear protocols exist

References:

Statistics cont.

- In L.A., one hospital found 26.7% of all major trauma victims carried lethal weapons
- They had 8 violent incidents per year related to weapons
- 4 patient fatalities in 15 years
- 6 staff injuries in 15 years

References:
In the ED

- 32% of residents report being assaulted
- 50% say they do not have adequate security

References:

In the hospital

- 1995 in the US there were...
  - 42 homicides
  - 1,463 physical assaults
  - 67 sexual assaults
  - 165 robberies of which 47 were armed robberies
- 1980-1990 Homicides
  - 26 physicians
  - 18 RN
  - 27 pharmacists
  - 17 nurses aides
  - 18 other misc

References:

How do you protect yourself?

- Prevention
- Prevention
- Prevention
- Prevention
- Learn how to control and restrain the violent patient
Aggression control

• One study of psychiatric patients found they were able to reduce assault rates from 37% to 3% by instituting aggression control training.

References:


What do you do?

• Recognize the violent patient before the incident happens

Cycle of violence

• Violence almost never happens without warning
• The earlier it is recognized, the easier it is to diffuse

References:


Progression of violence

Violence goes through a consistent progression of emotion and symptoms.

• Calm
• Irritable
• Verbal aggression
• Physical aggression

Calm

• The calm patient who is at risk to become violent is the hardest to recognize
• But this is also the best time to intervene
The calm patient

- The best way to recognize the calm patient who is at risk for violence, is by history.
- If you have had a violent run-in with this person before, they are more likely to become violent again.
- Similarly, if the patient has a history of assault of any kind, they are statistically much more likely than the average patient to become violent.

Irritable

- It is when the patient progresses to the irritable phase, that it starts to get easier to predict they are at risk for violence.
- Sulking, pacing or complaining about care, are signs of agitation to alert you that the patient is starting to lose their temper and their control.
- Trust your own feelings. If you feel like slapping them, they are probably thinking the same thing about you.
- It is often a good time to intervene when the patient is in the irritable phase, but it is hard to do.
- It takes time. You need to find out what is bothering them and either try to fix it or apologize for it
- This is difficult because it is natural not to like an irritable individual and to want to ignore them.

Verbal

- It is for this reason that the aggression escalates to the level of argument.
- Personal insults
- Threats
- Accusations
- At this point, it is much harder to de-escalate the patient.

Signs of impending fight

- Appear more agitated
- Pacing increases in rate
- JVD, sweating, dilated pupils. Signs of sympathetic stimulation.
- Finger Pointing
Point of No Return

- If the patient starts beating his chest or clenching his fist, it becomes incredibly difficult to avoid a confrontation at this point. It is now that you must take the initiative to control the scene.

Time to decide

- At this point you may either diffuse the patient by either leaving or overwhelming him with a show of force, or detonate the patient and restrain him.

The Fight

- Once the patient starts the fight, it is too late to try to calm them down. Now you have to remember to first protect yourself and your partner, next protect the public and the patient himself.
  - Protect yourself
  - Protect you partner

How do I stop the escalation?

Control

- Talk to the patient
- What do you need? Often times, by giving the patient the chance to express their concerns, it is enough to de-escalate their agitation. It also shows them that you are a sympathetic advocate, which makes hostility much harder.
- It is also sometimes worthwhile to "bribe" the patient. Food or drink satisfies the basic needs and makes it much harder to escalate to the level of violence
- Call them by their own name. It is much easier to become violent when they feel anonymous.

References:

Medication

- Sedatives can be a useful tool in the control of the violent patient. As a general rule, the quicker a medication acts, the more useful it is in the crisis situation. Since all medications take time and often require multiple doses, the earlier they are given, the more likely they will help.
- Phenothiazines act to sedate the patient with very little respiratory depression. They are also effective anti-psychotics.
  - Haldol PO/IV/IM
  - Droperidol (Inapsine) PO/IV/IM
- Benzodiazepines are also safe sedatives with the added benefit of reversibility.
  - Lorazepam (Ativan) PO/IV/IM
  - Diazepam (Valium) PO/IV/IM
  - Midazolam (Versed) PO/IV/IM

References:


None of it worked

Now What?

Rule #1

- Your job is to ensure the safety of
  - Yourself
  - Your staff
  - The public
  - The patient
  - In that order

Rule #2

- Never get caught alone

Rule #3

- Let them know you will overwhelm them
- This is a good tactic when the patient will not be reasoned with
- Fight, Flight, or preferably Submit reflex is elicited. If the patient sees he is faced with 5 or 6 people ready to restrain him, he may give in, knowing to fight is futile.
- Get the police involved.
Restrain

- Let them know ahead of time that this will happen
- If the patient does not back down immediately...
- Restrain him.

Approach

- Keep both hands up and open to grab the patient and protect your face and head.
- Keep your body at 45 degrees to minimize exposure of vulnerable targets (solar plexus, groin, throat)

References:

1. Quinn P. Weapons of war. BlackBelt Mag. 2:2001 76-80

The approach

- 1 leader gives the commands and organizes the restraint.
- All restrainers move at once, and give the patient little or no opportunity to injure either you or himself.

Restrain

- There should be a minimum of 5 restrainers
- 1 for each extremity
- 1 to control the head (Biting/ spitting/ sitting up)
- Plus an extra person to act as either a Runner, to get supplies, medications, ect...
- Lookout person, to make sure friends or family do not interfere.
- Once you decide to restrain the patient, do not turn back. They will often try to bargain when they are being restrained. If you do back down at this point, they are very likely to act out again, especially if your backup leaves, and they feel the odds are even again.
- Restraining must be done in a humane manner, to protect the patient. It is not a punitive procedure. It needs to be done in a "matter of fact manner" with no emotion or anger. To any bystanders it must be obvious that you are doing it for the safety of the individual.
- Safety is paramount.
If they attack

- If the patient attacks before you restrain them, it is most likely they will attempt to strike you in the face. That is why we have rule #4...

Rule #4

- Keep your hands up and your head down

In general

- If you find you are outmatched or outnumbered, consider abandoning the call until the scene has been secured. Often providers rely on the fact they can just run away from danger, but...
- You must be able to outrun your opponent. It is far better not to go into a dangerous scene than to try to extricate yourself once you are in. If you have any suspicion, proceed with caution and wait for backup.

Weapons

- If the patient uses a weapon against a provider, it adds the element of lethal force to the encounter. When possible let the police deal with the armed individual first. At times, the provider may be faced with an armed patient by surprise. When this happens, you must do whatever it takes to ensure your own safety. Again, it is far better to recognize a patient's potential escalation to violence and prevent it, than to deal with them once they are violent, especially if they are armed.
- The key to surviving an armed confrontation is to avoid it all together. A good secondary survey is part of your medical evaluation, but has the added benefit of turning up concealed weapons. Tell the patient you will hold on to it for their safety, or turn it over to police. If the patient shows any signs of beginning to escalate before you are sure they are unarmed, place yourself in a position to prevent them from reaching for a concealed weapon.

If faced with an armed patient, multiple factors must be taken into account.

- What type of weapon?
- What are your surroundings?
- Are you trapped in the ambulance with the patient, or are you out doors?
- Who is around to help you and where are they?
- Do they know you are in trouble?
- How volatile is the patient? Can they be reasoned with? Can you get away?
Against the knife

- If you find yourself facing a knife, use any weapon at hand. Getting hit with a blunt object usually causes more immediate pain than being cut or stabbed. You can use this to your advantage, as there are often potential weapons within reach. (Chair, fire extinguisher, your clipboard, etc.)

If you are alone

- Attack. Studies show that people who attack an armed opponent had a much higher chance of surviving than those who attempted to defend themselves or disarm their opponent. It may seem counter-intuitive, but if you concentrate on hitting the armed attacker, your chances are better than if you concentrate on avoiding their weapon.

References:

1. LaFond J. Reality of the Blade. BlackBelt Mag. 1:200164-69

Guns

- Most shootings occur within 9 feet. Beyond that point it becomes exponentially harder to hit a moving target. So if you are at or near the 9-foot mark...
  - RUN
- You will have a better chance of getting away than if you try to close the distance.
- If you are close to a patient who has a gun drawn (under 9 feet), you in a very risky position. You may either attempt to talk your way out of it, try to stall for help, or if you think he is about to shoot, you can try to attack. You must attempt to take the patient off guard and redirect the gun before the trigger is pulled.
- If the gun is not yet drawn, or not yet pointing at you
- Attack
  - 1 hand on weapon arm, to prevent it from being pointed towards you,
  - The other hand "subduing" your assailant
Medico-legal

- Always check your state and local laws, as well as any company or regional protocols to find out the specific legal issues surrounding restraint of the violent or suicidal patient.
- The two pitfalls in restraining patients are...
  1. Injury during the restraining process. Always attempt to use as little force as is necessary, and check to make sure airway and peripheral circulation are intact.
  2. Assault charges. The only time you may restrain a patient is when you have reasonable concern that the patient is not rational and is a risk to themselves or others. (Remember local laws vary widely on the specific protocols.)

- Restraints are a medical procedure. The indications are to protect the patient from hurting either themselves or others.
- Documentation is key. You must include the indications, and describe your concerns for safety.
- Never over-restrain.
- Always check and document frequent repeat of the primary survey. (Vital signs, airway, circulation.)
- Justified force only.
- The most humane method of restraint should always be used. If a posey-type restraint is all that is needed, that is all that should be used. If the patient poses a serious risk to the provider, however, 4-point restraints with an extra restraint around the mid-section should be used.
- For maximum restraint, the patient should be supine, with one hand above the head and one down low. Both legs need to be restrained to prevent kicking. If the patient is struggling still, and at risk to injure themselves, a sheet or strap may be tied around the waist to help secure them to the stretcher.

Restraints

- The patient should never be restrained face down as this risks airway compromise, and makes patient assessment difficult.
- A mask may be placed on a patient who is spitting. Either a regular surgical mask or an oxygen mask is acceptable.

Medico-legal
You must put safety in this order
  1. You
  2. Your co-workers
  3. The public
  4. The violent patient
  5. This is RULE #1
Other options

- Police are your main backup for the violent patient. If the individual is not ill, the police may opt to arrest them. At the very least, they should always be on scene to help subdue a dangerous patient.