De-escalation

Dealing with agitated or aggressive individuals

Teaching Points

- Being aware of personal safety when dealing with agitated individuals.
- Medication options
- Empathetic Listening
- Verbal de-escalation techniques
- Limit setting techniques

Recognizing Signs of Escalating Behavior

- Look for signs of agitation such as clenched fists, raised voice, swearing, being argumentative especially for the sake of arguing, etc.
- Look for changes in their norm or from their previous behavior.
- If you know the patient, their past behavior is the best predictor of future behavior.

De-escalation

- Start with yourself:
  - Recognize that you need to be calm to de-escalate a patient
  - You do not have to be calm: just try to appear calm.
  - Don’t go alone, use your resources
  - Recognize if you need to step away
  - Safety First – beware of safety issues

Personal and Environmental Safety

- Always stand with an easy exit
- Try to be at the same eye level
- Allow lots of space (at least striking distance)
- Avoid leaning over, going around patient or reaching across patient until safety assessment complete.
- Do not go alone!
- Be aware of things that could be used as weapons

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Verbal

- Goal is to de-escalate the patient
- Delirium and Psychosis: logic and long discussions are not useful
- Do not argue, stick to the goal: de-escalation
- Do not make promises you can't keep
- Suggest alternatives, Allow time and space

Watch for suicide signs or aggression

- Pt is with a PSA, attempts suicide, under the covers by strangulation with a call light.
- An inpatient has their home medications, she self administered these in attempt at suicide.
- Patient, confused uses a call light to strangle himself, monitor picks up changes.
- Patient leaves the unit walks into traffic.
- Patient leaves the hospital and climbs a nearby structure to jump off.
- Most common reported suicides on medical surgical areas is from jumping off something.

Medication Options

Agitation Order Set – **Refer to order set!**

Black Box Warning antipsychotics and dementia.

Haldol is not indicated for Parkinson's Parents.

Severe Agitation – 5 Mg Haldol IM or IV and 2 Mg Ativan IV or IM. (over 65 2.5 Haldol & 1 Ativan)

Moderate Agitation – 2 Mg Haldol PO and 1 MG Ativan PO. (1 Haldol and 0.5 Ativan)

Rescue Medication - Cogentin 2 Mg (over 65 1 Mg)

Interventions: Empathic/Active Listening

- Non-judgemental
- Undivided Attention
- Reflective statements
- Silence
- Empathically listen

N: Remain Non-judgemental

- Acknowledge your judgements and be aware of them
- Try to understand where the person is coming from. What is their backstory? What stressors might be underlying their behavior?
- Accept the person for who they are

U: Undivided Attention

- When you are actively listening, it is all you are doing. Try to sit down or get at eye level.

- Do NOT

  -enter documentation into Healthlink

  -look at your watch or phone

  -attempt to get other tasks accomplished, such as vital signs or fingerstick blood glucoses

R: Reflective Statements

- Re-state or reflect what you are hearing the patient say
- Include the feeling or emotion you are picking up on

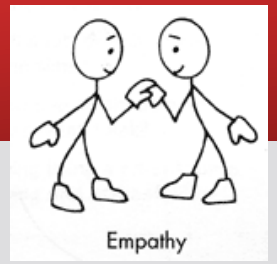
Patient: ”I can’t believe no one in my family has called me or visited”

Staff: “Sounds like you are frustrated and feeling unsupported by your family”

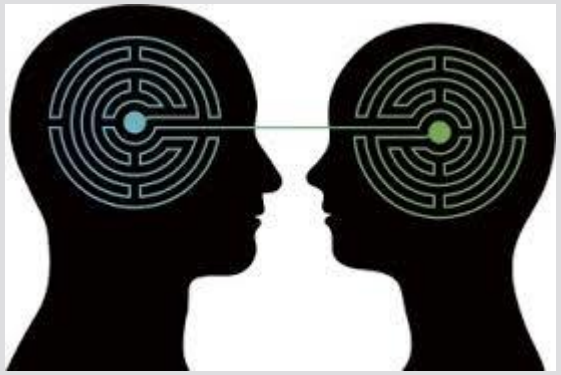
S: Silence

- Silence can be a useful tool
- Silence needs to be timely
- The length of time spent in silence should be appropriate—too much silence can be awkward or uncomfortable

E: Empathically Listen



- Being empathic means you “put yourself in their shoes”. It is an internal process where you attempt to understand the patient’s unique situation
- Listen for the real message. Listen for feelings



Definition of Limit Setting

Definition

Limit Setting “refers to all attempts to regulate service user behavior” (Daffron and Roberton)

Limit setting is not making a threat!

Interventions: Choices and Consequences

- Clear
- Simple
- Reasonable
- Enforceable

Aggression

ER nurses and Psychiatric nurses have a greater then 80% chance of being assaulted in the next year.

It is not okay or acceptable for you to be assaulted. It is not acceptable for you to be verbally abused, to be treated disrespectfully or have to subjected to sexually inappropriate language.

Limit Setting Basics

- Keep calm, non-threatening, non-provocative
- Be aware of your personal space
- Be clear, use a calm direct tone of voice
- Intervene early

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Limits

I can not help you until you…

- Stop yelling.
- Stop assaulting staff.
- Stop being sexually inappropriate.
- Can be courteous and respectful.

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Power Struggle

As soon as you set limits many patients will attempt to engage you in a power struggle.

- Don’t engage – don’t argue!!!
- Repeat the limit

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Empathy and Choices

Your approach makes all of the difference

- Approach with empathy and be genuine
- Maximize choices
- Clearly state consequences

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Danger of Moralizing patient behavior

Translating patient behavior into moralistic terms, (ie, That guy is such a jerk!).

- May become a self fulfilling prophecy
- May actually increase violence

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Self-Care and Recovery

https://www.youtube.com/watch?v=77Zozl0rw7w

The “5 R’s” to Manage Challenging Behaviors

Risk	**Chemically altered, history of violence, psychologically injured, pain, anger**
Recognize	Change in verbal or non-verbal behavior, trust your gut
Respond	Early intervention, don’t react, control your emotions, listen empathically, be open, set expectations Consider medications
Resources	BERT, Aggression Precautions, Psychosocial Liaison, DEC, Panic Buttons, Security
Recover	Debrief from situation, complete PSN to raise awareness

Key Takeaways

Ordersets available at “UW Health CCKM” Search “Acute Agitation Order Set”

https://www.uwhealth.org/cckm/?path=/cckm/order-sets/inpatient/hospital-wide/name-105576-en.html