



DE-ESCALATION

HOW TO HANDLE



CLEAR PATH WEBINAR #4

FEBRUARY 28, 2014

CAUSES OF AGITATED BEHAVIOR

- ALCOHOL INTOXICATION OR [WITHDRAWAL](#)
- ALLERGIC REACTION
- CAFFEINE INTOXICATION
- CERTAIN FORMS OF HEART, LUNG, LIVER, OR KIDNEY DISEASE
- INTOXICATION OR WITHDRAWAL FROM DRUGS OF ABUSE (SUCH AS COCAINE, MARIJUANA, HALLUCINOGENS, PCP, OR OPIATES)
- HOSPITALIZATION (OLDER ADULTS OFTEN HAVE DELIRIUM WHILE IN THE HOSPITAL)
- [HYPERTHYROIDISM](#) (OVERACTIVE THYROID GLAND)
- INFECTION (ESPECIALLY IN ELDERLY PEOPLE)
- [NICOTINE WITHDRAWAL](#)
- POISONING (FOR EXAMPLE, CARBON MONOXIDE POISONING)
- THEOPHYLLINE, AMPHETAMINES, STEROIDS, AND CERTAIN OTHER MEDICINES
- TRAUMA
- [VITAMIN B6](#) DEFICIENCY
- DELIRIUM
- EXACERBATION OF MENTAL ILLNESS
 - ANXIETY
 - DEMENTIA (SUCH AS [ALZHEIMER'S DISEASE](#))
 - [DEPRESSION](#)
 - MANIA
 - [SCHIZOPHRENIA](#)



AGGRESSION & AGITATION IN DEMENTIA (PHYSICAL OR VERBAL)

CAUSES

- PAIN
- DEPRESSION
- CAREGIVER'S APPROACH
- TOO MUCH NOISE
- BEING RUSHED
- FRUSTRATION
- FEELING INADEQUATE
- CHANGE IN ROUTINE
- FATIGUE
- PSYCHOSIS

RESPONSES

- BACK OFF! –DON'T TOUCH, CROWD OR GET BACKED INTO A CORNER
- ENSURE SAFETY OF OTHERS
- CALMLY ASK "WHAT CAN I DO TO HELP YOU?"
- SAY OVER AND OVER "I CAN SEE YOU ARE UPSET, I WANT TO HELP YOU, WHAT CAN I DO TO MAKE YOU FEEL BETTER/"
- ENCOURAGE PERSON TO MOVE TO QUIET PLACE
- MEDICATE WITH PRN MEDICATION IF NECESSARY
- AFTER PERSON CALMS DOWN REVIEW EVENTS LEADING UP TO INCIDENT – COULD YOU HAVE DONE ANYTHING DIFFERENT TO PREVENT AGGRESSIVE BEHAVIOR.



**BEHAVIOR
OCCURS**

**NOW
WHAT?**



EVALUATE



- **HOW DANGEROUS IS THE SITUATION?**
- **IF PATIENT OR OTHERS ARE AT SIGNIFICANT RISK AND PATIENT DOES NOT RESPOND QUICKLY TO BEHAVIORAL INTERVENTIONS –**
- **IF PERSON HAS AN ORAL ANTI-PSYCHOTIC ORDERED IF NECESSARY ADMINISTER INTRAMUSCULAR OLANZAPINE (ZYPREXA), ARIPIPRAZOLE (ABILIFY), ZIPRASIDONE (GEODON), HALOPERIDOL (HALDOL), OR LORAZEPAM (ATIVAN).**
- **IF SITUATION IS LESS ACUTE, THOROUGHLY INVESTIGATE SYMPTOM ETIOLOGY AND OBTAIN INFORMED CONSENT BEFORE TREATMENT.**



AGITATION PRECEEDS AGGRESSION



- 1. STOP WHATEVER YOU ARE DOING TO/FOR/WITH THE PERSON**
- 2. BACK OFF – ENSURE SAFETY OF OTHERS.**
- 3. DO NOT TOUCH**
- 4. STAY AT DISTANCE, MANAGE YOUR OWN BEHAVIOR – STAY RELAXED**
- 5. MAKE EYE CONTACT WITH PERSON BUT AVOID STARING**
- 6. APPROACH FROM FRONT**
- 7. SPEAK SOFTLY AND OFFER TO HELP: “WHAT CAN I DO TO HELP YOU?”**



AGITATION PRECEEDS AGRESSION



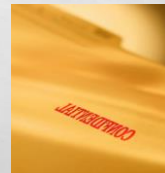
8. ASK "CAN YOU TELL ME HOW TO HELP YOU?"
9. REPEAT IN A QUIET, CALMING VOICE: "WHAT CAN I DO TO HELP YOU?"
10. VALIDATE WHAT PATIENT IS SAYING: ASK WHEN, WHERE, WHAT, WHO AND HOW QUESTIONS
11. IF NECESSARY, GET PRN MEDICATION TO CALM/CONTROL, PERSON'S BEHAVIOR
12. ENCOURAGE PERSON TO MOVE TO QUIET PLACE
13. REMAIN WITH PERSON – CONTINUING TO SUPPORT VERBALLY
14. WHEN PERSON HAS CALMED – NEED TO PROCESS THE INCIDENT – TRY TO IDENTIFY MISSED TRIGGERS AND BEHAVIORAL INTERVENTIONS AND VALIDATE WITH FAMILY OR OTHERS INVOLVED; EVALUATE FOR POSSIBLE IMPROVEMENT



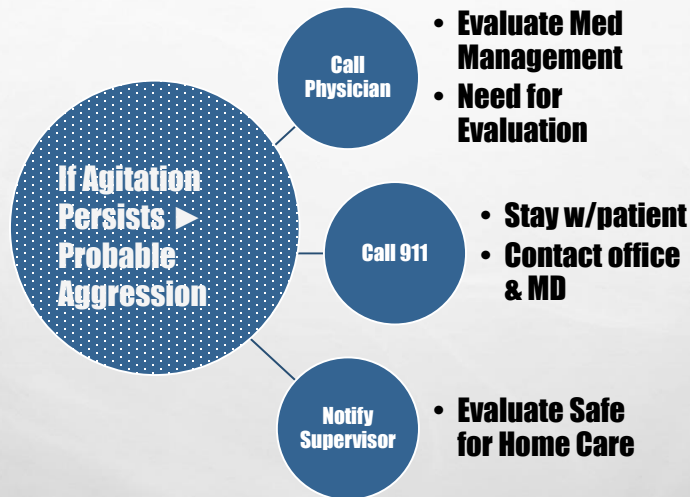
EVALUATE

SAFETY
&
FREQUENCY

- *INSTANCES WHERE SAFETY OF PATIENT AND/OR OTHERS IS JEOPARDIZED
- *NUMBER OF INCIDENT REPORTS WRITTEN REGARDING PATIENT'S AGGRESSIVE BEHAVIOR



AGITATION



DECISION TREE FOR HANDLING AGITATED AND CHALLENGING BEHAVIORS



ANTECEDENT MANAGEMENT

ENVIRONMENTAL TRIGGERS

- PAIN, THIRST, HUNGER, NEEDING TO GO TO BATHROOM
- LOUD NOISE
- CROWDED ENVIRONMENTS
- OTHER PEOPLE
- DELIVERING CARE

BEHAVIORAL SIGNALS

- CLENCHED FISTS
- RAISED VOICE
- REPETITIVE YELLING
- FACIAL EXPRESSIONS
- REFUSING CARE
- CRYING OR WEEPING



RESPOND TO ENVIRONMENTAL TRIGGERS



1. ASSESS FOR PHYSICAL ISSUES – PAIN
#1 – TREAT AS NEEDED; UTI; CONSTIPATION; HUNGER – PROVIDE INTERVENTION

2. ENCOURAGE PERSON TO MOVE TO QUIET PLACE

3. CHANGE CARE DELIVERY

4. CHANGE VERBAL/NON – VERBAL APPROACH – SEE DE-ESCALATION

5. OFFER DISTRACTION – FOOD, MUSIC, CANDY, WALKING, ETC.



PATIENT RESPONDS TO NON-PHARMACOLOGICAL INTERVENTIONS – BEHAVIOR DECREASES

1. CALMING VERBAL RESPONSES

2. RE-DIRECTION

3. MOVE TO QUIET PLACE

4. MUSIC

5. WALKING

6. LOOKING AT PICTURE ALBUM CONTINUE TO MONITOR, DOCUMENT, DOCUMENT, DOCUMENT – BEHAVIOR AND INTERVENTIONS IN NURSING NOTES



MANAGE YOUR OWN BEHAVIOR & BODY LANGUAGE - SPEAKS LOUDER THAN WORDS!

FACIAL EXPRESSION

SHOULD BE CONFIDENT, POSITIVE, AND NEUTRAL – THINK ABOUT EXPRESSION BEFORE YOU INTERACT WITH INDIVIDUAL

***SCOWL, FROWN, OR ANGRY LOOK MIGHT EVOKE ANGER OR RESISTANCE**

***FEARFUL EXPRESSION MAY EVOKE FEAR, RESISTANCE OR MANIPULATION**

***EVEN SMILING CAN BE INTERPRETED AS LAUGHING AT SITUATION OR INDIVIDUAL**

VERBAL BEHAVIOR

– SHOULD BE CONTROLLED AT ALL TIMES

***VOLUME SHOULD BE LOUD ENOUGH FOR PERSON TO HEAR YOU – NO LOUDER**

***KEEP STATEMENTS SHORT AND SIMPLE**

***YOU SHOULD NOT SOUND FRUSTRATED, RUSHED, NERVOUS, OR ANNOYED**

***SPEAK SLOWLY – ALLOW PERSON TO THINK ABOUT WHAT YOU HAVE SAID**

PHYSICAL BEHAVIOR

– BE AWARE OF PHYSICAL APPEARANCE

***BODY LANGUAGE SPEAKS VOLUMES**

***PAY ATTENTION TO MESSAGE YOU BODY IS SENDING- ESPECIALLY WHEN DEALING WITH CONFUSED INDIVIDUALS**



DE-ESCALATION STRATEGIES

1. REDUCE PHYSIOLOGICAL STIMULATION AND AGITATION

2. PROMPT AND REINFORCE BEHAVIORS THAT ARE INCOMPATIBLE WITH AGITATION AND COMPATIBLE WITH CALM



HELP THE INDIVIDUAL DOWN THE CRISIS STAIRS



1. APPROACHING THE AGITATED INDIVIDUAL

A. SAFELY

B. THERAPEUTICALLY

C. NON-PROVOCATIVELY

2. TALK SOFTLY; NO MATTER WHAT

3. ASK "HOW CAN I HELP YOU?"

4. ASK THE INDIVIDUAL TO HELP YOU

5. PRAISE ANY OBSERVED CALM BEHAVIOR (SEE TABLE BELOW)

6. BE PATIENT; WAIT FOR INDIVIDUAL TO CALM



IF INDIVIDUAL IS EXHIBITING.....

- **FORCED BREATHING AND/OR LOUD SPEECH**
- **FIST CLENCHING**
- **ROCKING**
- **HALLUCINATORY OR DELUSIONAL TALK**
- **NONCOMPLIANT BEHAVIOR**
- **SUICIDAL IDEATION OR NEGATIVE SELF-TALK**



THEN PROMPT, MODEL AND PRAISE

- **SLOW, PACED, LOW VOLUME SPEECH**
- **OPEN, RELAXED HANDS; HANDS IN POCKET**
- **SITTING STILL OR RESTING HANDS ON TABLE**
- **REALITY TALK (E.G. THE TIME, PLACE, ETC.)**
- **ANY COMPLIANT, EASY BEHAVIOR**
- **STATEMENTS ABOUT FUTURE POSITIVE EVENTS**



**DOCUMENT,
DOCUMENT,
DOCUMENT**

**INFORM MD, NURSING
SUPERVISOR AND ANYONE
ELSE WHO COULD BE AT RISK.**



