



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.



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**BEHAVIOR
OCCURS**

**NOW
WHAT?**



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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



HELP

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.**



