

Inclusion Criteria:

- **Agitation** - Restlessness, pacing, hand ringing, etc.
- **Aggression** - Change in body language, argumentative or defensive, verbal or physical threats
- **Self Harm Behavior** - Expressed thought to harm self/others, present injurious behaviors or plan
- **Threat to Harm Others** - Expressed thought to harm others, present threatening behaviors
- **Elopement** - Verbal request to leave, movement towards exit, physical attempt to leave

Exclusion Criteria:

- Any non-CM patient

Sources of Escalating Behavior

- Pain
- Hunger
- Environmental factors
- Delirium
- Substance abuse or withdrawal
 - Consider nicotine withdrawal (refer to [Nicotine Cessation Clinical Pathway](#))
 - Consider opioid withdrawal (refer to [Opioid Withdrawal Treatment: Buprenorphine/Naloxone \[Suboxone\] Clinical Pathway](#))
 - Consider Toxicology Consult
- Developmental delay or autism
- Psychiatric diagnoses

[\(Source of Behavioral Escalation Management and Medications\)](#)

Indications for Restraints

- First line of care should be seclusion (if available) **before** medications or restraints.
- If seclusion fails (risk of self-harm or while in seclusion) proceed to medications and/or restraint as needed (See [Restraint or Seclusion Policy](#)).

Associated CM Policies:

- Behavior Management
- Internal Transport of Disruptive and Flight Risk Patients
- Patient Transport within the Facility Guidelines
- Restraint or Seclusion
- Continuous Patient Observation



Patient demonstrating escalating behavior in the ED
(If known history of escalating behavior, review Multidisciplinary Behavioral Plan in Progress Notes)

Ensure Patient/Staff Safety

Assess Environment:

- Remove other pts from hallway or surroundings
- Family/siblings step out of the room if needed
- Remove dangerous objects when able (e.g., dangling cords)

Staff Safety:

- Assure safe location in room (between patient and door)
- Gather appropriate PPE
- Do not enter room alone (tell another staff)
- Beware of items that could be grabbed (i.e. stethoscope, jewelry, hair or lanyard)

Quick Access:

- [Source of Behavioral Escalation Management and Medications](#)
- [POPS \(Parents Offering Parent Support\)](#)

Initiate 1:1 observation, (See, Continuous Patient Observation Policy)

Contact

- Security
- Care Team
- Charge nurse
- Consider contacting Pharmacy
- Consider psych nursing (Adele Hall only)

Initiate seclusion

- May need to move pt to Safer Room, if possible
- Have physical restraints readily available (See [Restraint or Seclusion Policy](#))
 - If brought in restrained, evaluate need of continuing restraints.

Consider administration of [behavioral medications based on source](#)
Note: If prior visits, review notes for effective pharmacologic strategies

Are patient or staff in **immediate danger?**

Assess the source of escalation
Provide quick/easy interventions such as food, a blanket, and, if available, Child Life

De-escalation Strategies	
<i>If patient has a prior Multidisciplinary Behavioral Plan, review recommended strategies</i>	
Verbal Interventions and Active Listening	
Validate their emotions	"I understand you're feeling angry right now"
Use reflective statements	"I notice that you are tense"
Use "I" statements	"I am concerned about your safety"
Distraction Techniques	
Engage the patient in calming activities: Deep breathing exercises, music, drawing, books, toys, or other activities through Child Life (if available)	
Establish firm limits without threatening	
Offer limited choices when possible	"Would you like to sit here or there?"
State what is not allowed, but start the statement with yourself	"We cannot allow you to hurt yourself or others here" "I can only provide you with one blanket right now"
Praise for acceptable behavior and adherence to rules set forth	"Thank you for remaining in the room; it helps everyone make sure you are safe" "I'm impressed you can stay calm in these circumstances, thank you"
Include the caregiver whenever possible	
Provide emotional support and updates to the caregiver	
Recognize if the caregiver is a trigger for the agitation	

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This clinical pathway is meant as a guide for physicians and healthcare providers. It does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient. Printing of Clinical Pathways is not recommended as these documents are updated regularly. Copyright © The Children's Mercy Hospital 2024. All rights reserved.