

**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-CMH 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

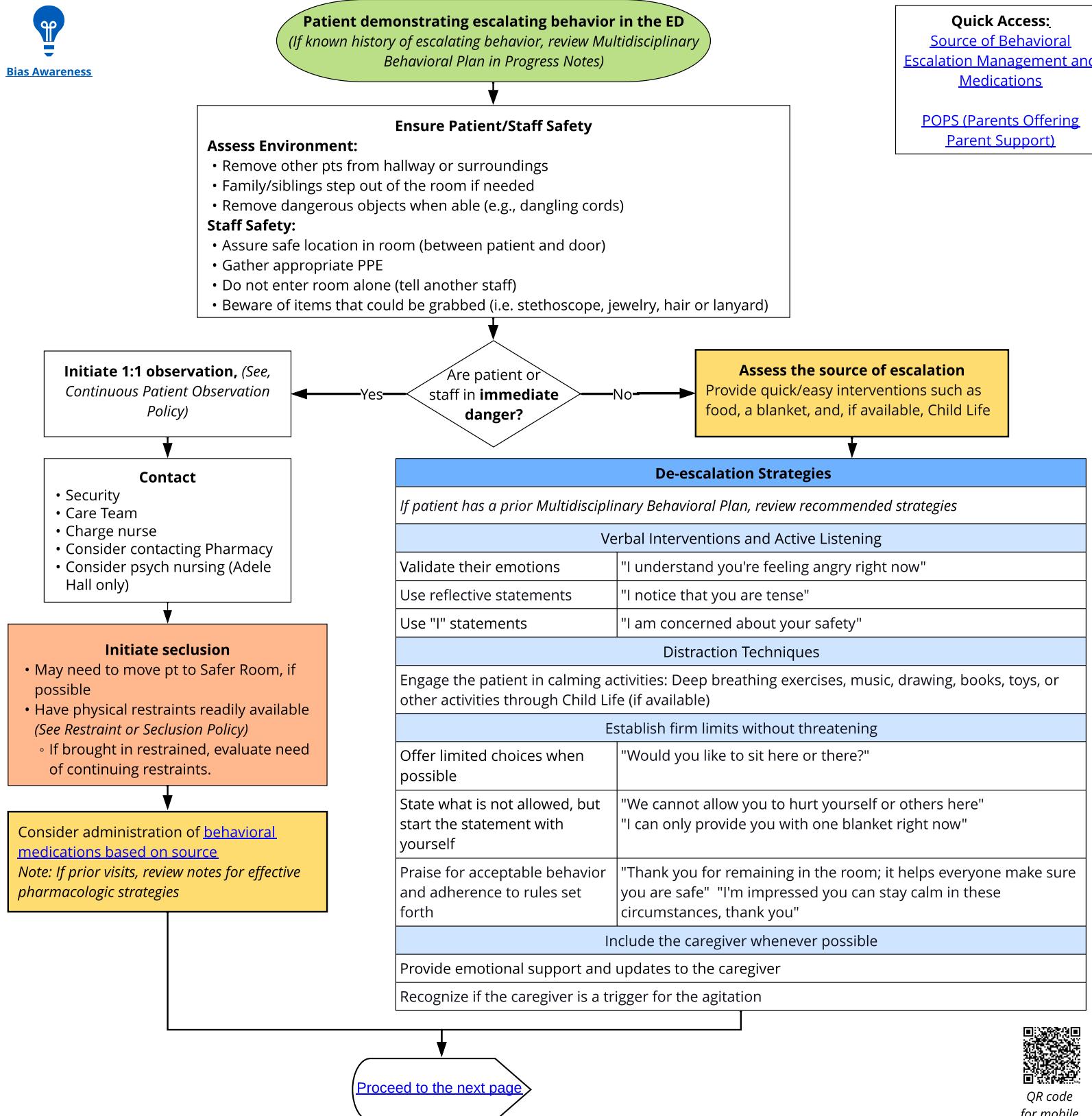
[\(Source of Behavioral Escalation Management and Medications\)](#)

## 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](#)



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for mobile  
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Evidence Based Practice

**Quick Access:**  
[Source of Behavioral Escalation Management and Medications](#)

[POPS \(Parents Offering Parent Support\)](#)



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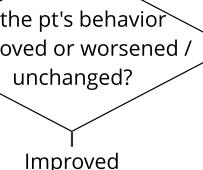
## Huddle with Care Team

- Involve family when possible
- Verify and administer home medications
- Have security at bedside, if needed
- Collaborate with Social Work, House Shift Supervisor, Child Life and Staff Advocacy Team, as needed
- Discuss whether or not 1:1 is needed

## Consider the following as needed, if not already done:

- 1:1 observation (See, [Continuous Patient Observation Policy](#))
- Move to Safer Room, if possible
- Seclusion
  - Consider physical restraints if seclusion has been unsuccessful (See [Restraint or Seclusion Policy](#))
- Administration of [behavioral medications based on source](#)

*Note: If prior visits, review notes for previous behavioral plan, effective strategies, or medication plans*



Worsened/  
Unchanged

Improved

- Reconsider indications for restraints

- [Repeat/add second line medication\(s\) as needed](#)
- Call Pharmacy and/or Psychiatry for recommendations

## If needed, consider consulting:

- BCBA/Psychology for behavioral strategies
- Psychiatry for medications
- Toxicology if substance intoxication is suspected

- Continue to monitor
- [Start CHAT Form \(cmh.edu\)](#)
- Maintain safe environment for pt and staff
- Consider [High Risk Behavioral Health Huddle](#) for high risk patients
- Document in "Psychosocial Nursing Note"

**Quick Access:**  
[Source of Behavioral Escalation Management and Medications](#)  
[Medications](#)

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