Nurse Driven Algorithms to De-escalate Crisis Situations in Psychiatry and Its Effect on Safety/Reduced Restraint Use

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Problem:
- Although yearly training augments clinician knowledge and expertise, critical identification of appropriate strategies to maintain safety can be challenging while in the midst of a crisis.
- Emergent, potentially dangerous situations, are most effectively managed by the establishment of a Crisis Team Leader that coordinates role specific interventions

Purpose
To share evidence-based operational algorithms developed for inpatient psychiatric units to promote an environment of safety and minimize the use of restraints while improving staff satisfaction.

Project Description
Using an algorithmic approach, a nursing Crisis Team Leader is empowered to create a safe environment for patients, families and staff through identification of behaviors necessitating appropriate de-escalation interventions. Utilizing the algorithm, the Crisis Team Leader offers therapeutic listening, creates strategic environments to facilitate de-escalation and communicates support in a healing environment.

These strategies include use of calm soothing tones, relaxed body structure, observation of personal space, and ultimately communicating a desire to help. Appropriate use of strategies supports the patient’s implementation of positive coping skills, thereby fostering a problem solving partnership with the clinician. Patients are instructed on distress tolerance techniques such as relaxation breathing, distraction activities, decreased stimulation by spending time alone in a quiet place, and appropriate medication management. Seclusion and restraint are identified as a last resort measure for imminent danger only.

De-escalation Interventions
- General: Offer clear simple suggestions, based on patient preference
- Distress Tolerance: Bellows, distraction activities, decreased stimulation by spending time alone in a quiet place, and appropriate medication management
- 1. Offer medications
- 2. Exercise/activity
- 3. Relaxation breathing
- 4. Spend time alone in a quiet place
- 5. Listen to music
- 6. Write or draw feelings
- 7. Take a warm shower
- 8. Walk in hallway, play game
- 9. Rubber-band or hold ice

Crisis TL preps security in plan:
- 1. Discuss plan for physical removal if needed at Crisis TL’s direction
- 2. Offer medications
- 3. Discuss plan for physical removal if needed at Crisis TL direction
- 4. Discuss plan for meds

Result/Conclusions
Nurse-driven Algorithms provide useful information to reduce the use of seclusion/restraints and rate of assaults following development of the algorithm approach to managing crisis situations.

Implications
Nurses possess unique skills and talents to de-escalate behaviors. Further testing of the algorithm in other patient care environments shows promise in future research studies.

Future Plans
- Continue to employ algorithmic problem solving in psychiatry
- Benchmark the significance of episodes of seclusion/restraint and assaults
- Develop algorithms for the management of patients with other behavioral and neurologic conditions as our hospital standard of care