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

Lori Aavik, RN, PMHNP-BC, Amy Tenenouser, RN & Millie Hepburn-Smith, PhD(c), RN, ACNS-BC

Background

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 ~~is~~ are identified as a last resort measure for imminent danger only.

De-escalation Interventions

Calming

- Approach patient using calm soothing tone of voice, relaxed body posture
  - "(What's going on? How can I help?)
- Offer to talk with patient in a quiet place
  - "Would it help if we spoke about this somewhere more private?"
  - (i.e., their room or quiet room)
- Consider using "LAST":
  - Listen attentively without interruption
  - Apologize about the situation, ("I am sorry you went through this")
  - Solve the problem or find someone who can (if this is a solvable problem)
  - Thank the person for bringing this to your attention

Distress Tolerance

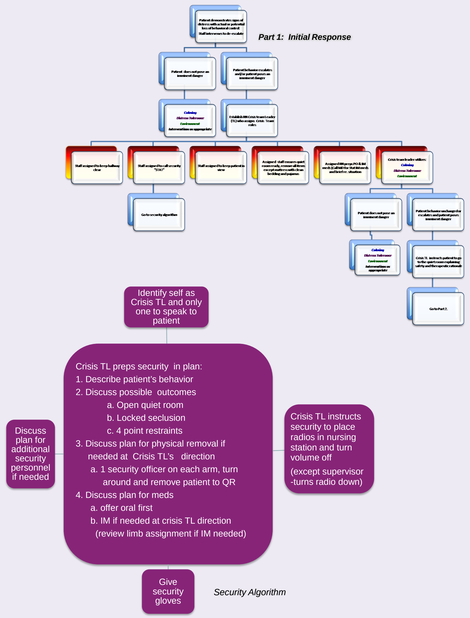
- General: Offer clear simple suggestions, based on patient preference
  - Take a warm shower
  - Write or draw feelings
  - Listen to music
  - Spend time alone in a quiet place (patient room or quiet room)
  - Relaxation breathing
  - Exercise/activity (Walk in hallway, play game)
  - For self-injurious patient (Rubber-band or hold ice)
  - Talk to family or friend
  - Offer medications

Environmental

- Monitor need to clear hallways
- Remove patients and visitors from the area
- Give patient space while monitoring the need to maintain visual observation
- Recommend time out in quiet room or patient's room (remove roommate)
- Security on standby: Assess need for security to be visible to patient, versus on unit out of view

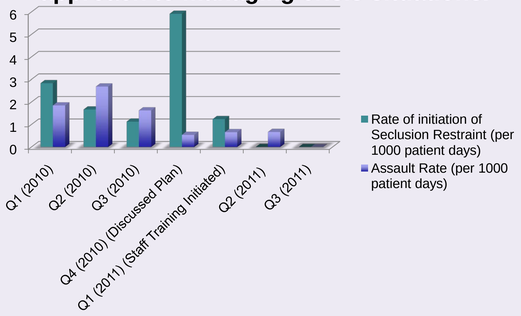
Physical

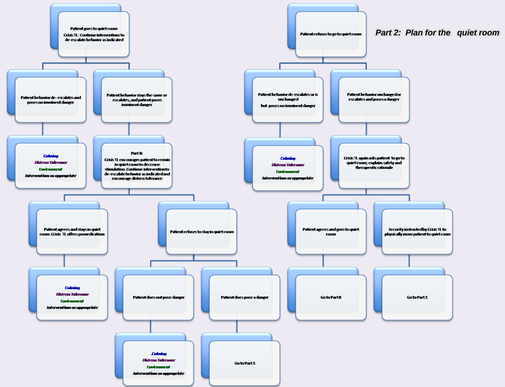
- Locked seclusion
- 4 point restraints



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 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***