

For acute agitation associated with bipolar disorders and schizophrenia

GAINING PATIENT COOPERATION REQUIRES A T.E.A.M. APPROACH TO DE-ESCALATION¹⁻³

Based on established guidelines, de-escalation is a powerful tool that can help calm patients safely and cooperatively^{1,4*}



Techniques, both verbal and nonverbal

Verbal¹:

- Maintain a calm tone
- Use short sentences and simple language
- Give the patient time to process and respond before providing additional information
- Repeat directions and choices
- Provide reassurance that you want to help them regain control
- Do not challenge, provoke, or insult

Nonverbal¹:

- Use nonthreatening body language (visible, unclenched hands and slightly bent knees)
- Maintain a calm facial expression
- Make eye contact, but not excessively
- Maintain at least 2 arm's lengths of distance
- Stand at an angle instead of facing directly
- Do not fold arms or turn away
- Identify wants and feelings by listening to verbal and nonverbal cues



Environmental and supportive modifications

- Find the patient a quiet, peaceful room^{1,2}
- Dim the lights²
- Avoid extreme room temperatures¹
- Offer food or drink¹

- Offer things that will be perceived as acts of kindness, such as a blanket or a magazine¹
- Never promise something that cannot be provided¹



Avoidance of restraints as well as other coercive measures

- Restraint should be used as a last resort if other noncoercive approaches are determined to be ineffective⁵

- When restraint is necessary, the least restrictive intervention should be chosen⁵



Medications that are noninvasive, noncoercive, and taken voluntarily

If pharmacological intervention is necessary:

- The patient should be involved in medication selection of both the type and the route of administration whenever possible^{1,2}
- It should be offered in a comforting manner, for instance, in conjunction with offering food, juice, or a quiet, peaceful room, to help facilitate cooperation^{2,4}

- Medications should be used to calm patients, not to induce sleep¹⁻³
- Oral medication is preferred over the intramuscular route if the patient can cooperate²

IMPLEMENTING A T.E.A.M. APPROACH TO DE-ESCALATION CAN HAVE FAR-REACHING BENEFITS, INCLUDING IMPROVING SAFETY AND PATIENT COOPERATION^{1,4}

*Project BETA (Best Practices in Evaluation and Treatment of Agitation) guidelines developed by the AAEP (American Association for Emergency Psychiatry).

References: 1. Richmond JS, Berlin JS, Fishkind AB, et al. *West J Emerg Med.* 2012;13(1):17-25. doi:10.5811/westjem.2011.9.6864 2. Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. *West J Emerg Med.* 2012;13(1):26-34. doi:10.5811/westjem.2011.9.68663 3. Nordstrom K, Zun LS, Wilson MP, et al. *West J Emerg Med.* 2012;13(1):3-10. doi:10.5811/westjem.2011.9.6863 4. Roppolo LP, Morris DW, Khan F, et al. *J Am Coll Emerg Physicians Open.* 2020;1(5):898-907. doi:10.1002/emp2.12138 5. Knox DK, Holloman GH. *West J Emerg Med.* 2012;13(1):35-40. doi:10.5811/westjem.2011.9.6867