

NURSING SERVICE GUIDELINES INPATIENT BEHAVIORAL HEALTH

Guideline: Care of the patient acting out



Policy Number Superseded:

Responsibility: All trained inpatient behavioral health staff

Effective Date:
June 2024

Purpose of Guideline:

Initial Effective Date:
July 2005

PROCEDURE	POINTS OF EMPHASIS
<p>(1) Review patient's history to look for medical conditions or other problems that may trigger aggressive behavior. Complete violence risk assessment. Determine level of risk as Low, Medium, High. Have patient complete individual crisis plan to assess for triggers and ways to help patient with anger.</p>	<p>Anticipating aggressive behavior and planning for it may avoid injury. Identification of patients at high risk for aggressive behavior is crucial in the management of aggression in child inpatient facilities.</p> <p><i>Low Risk:</i> Patient is at low risk for violence. Has not had established pattern of violence in the past. However, still pay attention to changes in the patient that would show signs of potential violence. Looking for pacing restlessness, increasing anxiety and tension or change in voice tone.</p> <p><i>Medium Risk:</i> Patient has history of violence. Violence may not be recent and may be directed at property vs. person.</p> <p><i>High Risk:</i> Patient at high risk for violence with recent attempts, maybe reason for admission. Patient aggressive towards</p>

	<p>self, others, or property and may have had involvement with court.</p> <p>Interventions for all risk levels include completion of Individual Crisis Plan.</p> <ul style="list-style-type: none"> (a) For High risk patient assess whether additional staff should be added to monitor the patient. (b) Additional assignments for the patient may be given. Such assignments could include: <ul style="list-style-type: none"> (i) Exploration of triggers at home. (ii) How can I apply learned techniques after discharge.
<p>(2) Attempt to prevent physical aggression or acting out that may cause harm to the patient and/or others.</p> <ul style="list-style-type: none"> (a) Build a trusting relationship with the patient as soon as possible. (b) Be aware of factors that increase the likelihood of violent behavior or that signify the presence of agitation. (c) Encourage participation in anger management group. (d) Provide concrete opportunities for practicing anger management skills. 	<p>Can decrease patient's fears and facilitate communication.</p> <p>Signs of increasing agitation include increased restlessness, threats, verbal cues, increased motor activity, increased voice volume, decreased frustration tolerance, frowning, clenching fists, mumbling, and clenched jaw. Identify triggers for aggressive behaviors and offer safe alternatives.</p> <p>In group setting reiterate anger as interpretations/perceptions of situations.</p> <p>Discuss social misperceptions, misinterpretations, and hostile stances. Interpretations of other people's behavior - are they accurate? Sometimes anger is appropriate, but how to express it? Concrete strategies for checking one's own perceptions, controlling angry reactions, choosing more appropriate behaviors. Group members begin to</p>

	<p>develop individualized strategies for dealing with anger.</p> <p>Structured role-plays, and feedback from staff.</p>
<p>(3) Provide a non-threatening, therapeutic environment. Decrease environmental stimulation by lowering the volume on the TV/stereo, turning down lights, requesting other patients to leave the area, or taking the patient to another area.</p>	<p>Agitated patients may be less able to deal with excess stimuli.</p>
<p>(4) Provide an outlet for the patient's feelings. Encourage verbal expression of feelings.</p> <p>(a) Attempt to help the patient express aggressive feelings verbally or physically in a safe way.</p> <p>(b) Reassure the patient that the staff will provide control if he/she cannot control him/herself.</p>	<p>Patient may need to learn non-destructive ways to express feelings.</p> <p>Patient may fear loss of control.</p>
<p>(5) Communicate to the patient that he/she is losing control or has lost control.</p> <p>Communicate the effect of the patient's behavior on others.</p>	<p>Sometimes the patient intends to make others anxious. Denying this may have the unintended result of causing the patient to be more disruptive.</p>
<p>(6) Deal safely and effectively with the patient's physical aggression or acting out.</p> <p>(a) Be familiar with restraint and seclusion procedure, team management approach, and legal requirements.</p> <p>(b) Maintain control of yourself; obtain assistance as soon as possible.</p>	<p>Staff will need to make decisions and act quickly.</p> <p>Coordination of effort is critical to the safety of all involved in the situation.</p> <p>To reach Security, call 383-2600. In extreme cases you can use one of the</p>

<p>(c) Provide for the safety and needs of other patients.</p> <p>(d) Maintain crisis de-escalation training principles.</p>	<p>panic buttons in the building to access assistance.</p> <p>Other patients may be frightened, agitated, and/or endangered by an aggressive patient. They need safety and reassurance at this time.</p>
<p>(7) Notify the charge nurse and supervisor as soon as possible in a (potentially) aggressive situation.</p> <p>Give assessment of the situation and the need for help, the patient's name, and whether or not orders were obtained for medication, seclusion, or restraints.</p>	<p>Others unfamiliar with the patient will be able to help more effectively and safely if they are aware of this information.</p>

(A) Documentation:

Record the following information in the patient's medical record:

- (1) Any precipitating events.
- (2) Progression of changes of patient's behavior.
- (3) Staff interventions and patient's response to each.
- (4) Attempts to process after the incident, including patient's involvement.
- (5) Any persons that were notified of the situation, i.e., House Supervisor, administrator on call, resident on call, attending physician, parents, guardians, Toledo Police.
- (6) Any property damage, harm to self, harm to others.
- (7) Document on the treatment plan any interventions used for reducing violence in the patient.

Also document the situation in Safety Net when appropriate and/or Campus Police Witness Statement.

(B) References:

Hsieh, I.J., & Chen, Y.Y. (2017). Determinants of aggressive behavior: Interactive effects of emotional regulation and inhibitory control. PloS one, 12(4), e0175651.

Scott, J. P., DiLillo, D., Maldonado, R. C., & Watkins, L. E. (2015). Negative urgency and emotion regulation strategy use: Associations with displaced aggression. *Aggressive Behavior, 41* (5), 502-512.

Lux, K. M., Hutcheson, J. B., & Peden, A.R. (2014). Ending disruptive behavior: Staff nurse recommendations to nurse educators. *Nurse Education in Practice, 14* (1), 37-42.

Approved by:

*Kurt Kless, MSN, MBA, RN, NE-BC
Chief Nursing Officer*

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Review/Revision Completed by:

*Tammy Cerrone, BSN, RN,
Inpatient Nursing Director &
Stephanie Calmes, Ph.D., LPCC-S,
LICDC-CS, Administrative Director*

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