AFTER STARTING YOUR SHIFT, you approach a patient who’s been in the ED for several hours. The patient appears agitated and voices his frustration regarding the lengthy wait. Immediately, your mind is flooded with thoughts about how this interaction might unfold because you know that your initial response to a distressed patient is the foundation for the rest of the encounter. The ineffective use of nonverbal and verbal communication can swiftly increase, not decrease, a patient’s agitation.

In cases such as this, clinical nurses need the knowledge and skills to de-escalate an anxious or agitated patient. This article reviews how to recognize patient escalation and intervene with simple de-escalation techniques.

**Reading the stress meter**

Under the stress of hospitalization, some patients respond with aggressive behavior. This challenges nurses and other healthcare professionals who must provide patient care while recognizing and responding to cues of patient dissatisfaction and/or escalation.

The incidence of reported cases of violence directed toward nurses and physicians increased by over 13% from 2009 to 2010. In 2011, 54% of healthcare staff responding to a survey by the Emergency Nurses Association reported experiencing verbal or physical abuse within 7 days of completing the survey.

To counter this increasing risk of violence in healthcare, many institutions have mandated de-escalation and personal safety training. The Joint Commission standards, for example, require hospitals to consider its response to violent situations. Implementing these standards has reduced seclusion and restraint events.

**Early detection**

Detection and early intervention are essential to achieve desirable de-escalation outcomes. Staff members must be able to intervene appropriately when a patient’s behavior reflects anxiety or frustration. If staff members don’t respond properly during the initial stages of de-escalation, an agitated patient may act on his or her emotions, escalating the situation.
De-escalating agitated patients
During de-escalation, nurses and other healthcare professionals should have three primary objectives:
- To ensure the safety of everyone present.
- To help the patient become aware of his or her emotions so he or she can regain control of the behavior. This occurs when staff members discuss the events surrounding the patient’s behavior.
- To facilitate collaboration between patients and staff during the process. Collaboration occurs when staff members allow patients to participate in their treatment plan with direction from the healthcare team.

Watch for warnings
Agitation can be defined as a behavioral emergency requiring immediate intervention. Nonviolent Crisis Intervention (NCI) training identifies anxiety as the first warning sign of patient agitation. Some anxious patients may demonstrate exaggerated physical motions such as pacing, finger tapping, and loud and boisterous behavior; others may be quiet and withdrawn. If anxiety escalates, the patient may begin to lose rationality and the ability to think clearly.

The second warning sign is defensiveness. The defensive patient exhibits behavior such as asking challenging questions, verbally acting out, and attempting to intimidate staff with threatening behavior. Staff should begin intervening when patients demonstrate any of these behaviors.

The final warning sign of agitation is physically acting out or aggressive body language. Unfortunately, no diagnostic measures are available to predict the risk of this behavior, but a history of past episodes is the best predictor of future occurrences. This means that agitated patients with histories of this behavior must be recognized and assessed promptly.

How to intervene
Staff members should have access to a training program that focuses on how to identify potentially violent patients and provide verbal de-escalation, as well as techniques for supporting staff and patients. Appropriate training enables staff to intervene when a patient becomes agitated.

Confronted with a potentially violent patient, staff should first isolate the patient by moving other individuals out of the area and removing all extraneous furniture, equipment, and other objects that could be used as weapons. Staff should approach the patient with caution and present a nonintimidating/nonthreatening appearance. This can be accomplished by staff members maintaining a calm and soothing tone of voice, and adhering to a level of respectfulness toward the patient. Hospital police or security should respond, but not with a forceful presence or demeanor.

Staff can utilize the NCI supportive stance, which places a staff member at an angle, at least 3 feet from the patient. This helps avert a face-to-face confrontation, which may be interpreted as an aggressive posture. In the supportive stance, staff members should also keep their hands where the patient can see them at all times and respect the patient’s physical boundaries. Staff members should always be aware of escape options and make sure that the patient isn’t blocking escape routes.

Verbal de-escalation, another important technique, requires staff members to focus on what the patient is saying and on the patient’s nonverbal cues. The responses from the staff to the patient should be simple and direct because agitated patients are less likely to understand complex responses.

Verbal de-escalation includes establishing verbal contact (this happens first), during which only one staff member should interact with the patient. This staff member should speak calmly and concisely, using simple words and short sentences and giving the patient time to process what has been said. The patient should also be told in clear, simple language what’s acceptable and unacceptable behavior at the hospital. Staff should model respectful behavior to the patient while setting these limits.

The final and most important area of de-escalation is debriefing the patient after any involuntary intervention. Once the patient has regained some self-control, it’s important to review the facts of the event, which precipitated the escalation leading to the outburst. This allows the patient to regain his or her bearings. It’s the responsibility of the healthcare professional to restore the therapeutic relationship, particularly if the intervention was coercive. Debriefing will help decrease the risk of additional violence.

Don’t get physical
When working with an agitated patient, the nursing staff should know the physical techniques that are available for self-protection and...
control. However, it must be emphasized that nursing staff should lay hands on a patient only as a last resort. A combination of nursing staff and security personnel should be present when taking control of a patient. Some hospitals have staff specially trained in nonviolent crisis intervention. Hospital policies should dictate how to deal with violent patients, and these policies should follow The Joint Commission’s standards about appropriate restraint and seclusion use.6,7

These physical techniques are best used by a team. Safety of the patient and staff is the foremost reason for using a team approach because it’s difficult to determine if or when a violent patient may act out. Physical contact with a patient may result in injury to the patient or a staff member. Utilizing a team approach protects both the patient and staff member from any potential legal action. If the patient is injured, it may be the staff member’s word against the patient’s.

**Remember, safety first**
Clinical nurses caring for patients should have the knowledge and skills to recognize the signs of agitation and anxiety and possess enhanced verbal skills and physical techniques to deal with patients who may become violent. Nurses need to focus on keeping the patient and team safe while ultimately keeping and/or reestablishing a therapeutic relationship with their patients. ■

**REFERENCES**

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