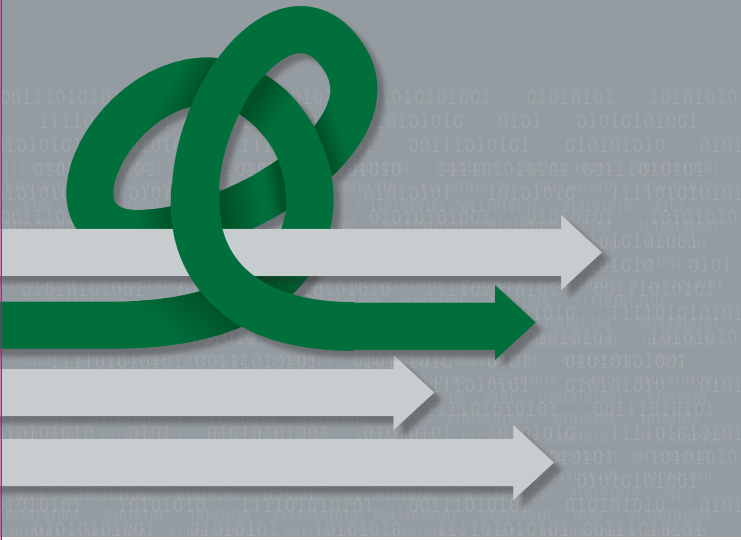




FLASH CARDS

# Clinical care protocol for patients with psychomotor agitation

Hospital Clínic de Barcelona



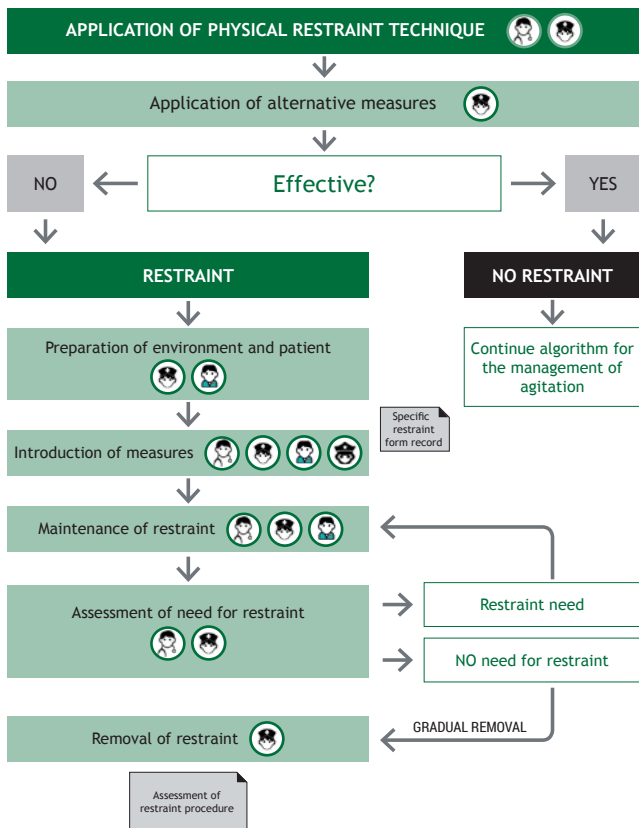
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# Algorithm for physical restraint

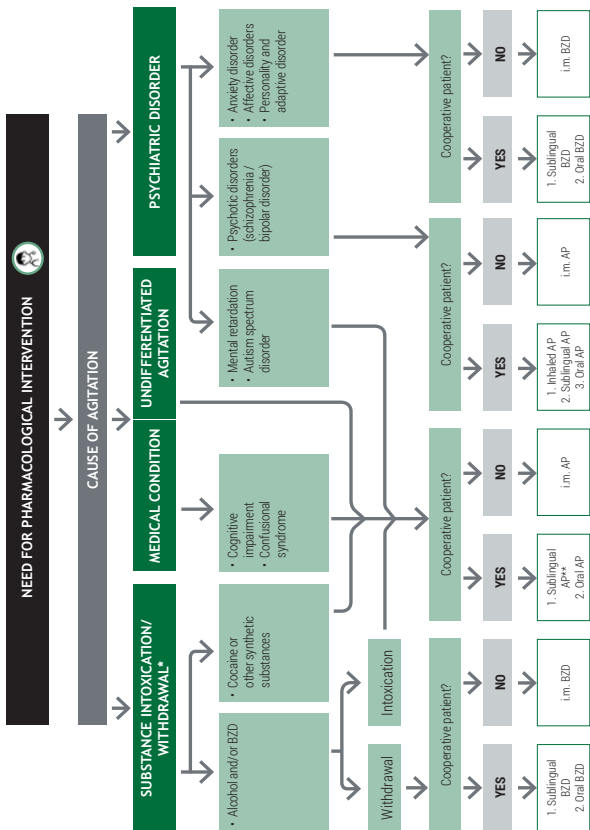




# Signs and symptoms present in an episode of agitation

Type of alteration	Signs and symptoms
<b>Behavioural</b>	<ul style="list-style-type: none"><li>• Combative attitude</li><li>• Inappropriate behaviour without clear purpose (motor as well as verbal)</li><li>• Hyperreactivity to stimuli (internal as well as external)</li><li>• Inability to remain quiet, seated, or calm</li><li>• Exaggerated gesticulations</li><li>• Tense, angry facial expression</li><li>• Defiant and/or prolonged visual contact</li><li>• Elevated, mute, or negative tone of voice in communication</li><li>• Altered emotional state with possible appearance of anxiety, irritability, hostility, etc.</li><li>• Verbal and/or physical aggression against the patient himself/herself, other users, healthcare staff, or against objects</li></ul>
<b>Cognitive</b>	<ul style="list-style-type: none"><li>• Fluctuations in level of consciousness and state of alertness</li><li>• Temporal-spatial disorientation</li><li>• Tendency to frustration</li><li>• Difficulties in anticipating consequences of his/her current state, in remembering how to be calm or reason normally</li><li>• Presence of delusional ideas, hallucinations</li></ul>
<b>Physical parameters</b>	<ul style="list-style-type: none"><li>• Fever</li><li>• Tachycardia</li><li>• Tachypnoea</li><li>• Sweating</li><li>• Trembling</li><li>• Any neurological sign such as difficulties walking...</li></ul>

# Algorithm for choice of medication



BZD = Benzodiazepines; AP = Antipsychotics; i.m. = intramuscular

\* In case of combined intoxications (i.e. cocaine + alcohol), the treatment should be decided depending on the acceptable risk

\*\* Use of inhaled AP should be considered in cooperative patients that require rapid effects

# Positive and Negative Syndrome Scale - Excited Component or PEC scale

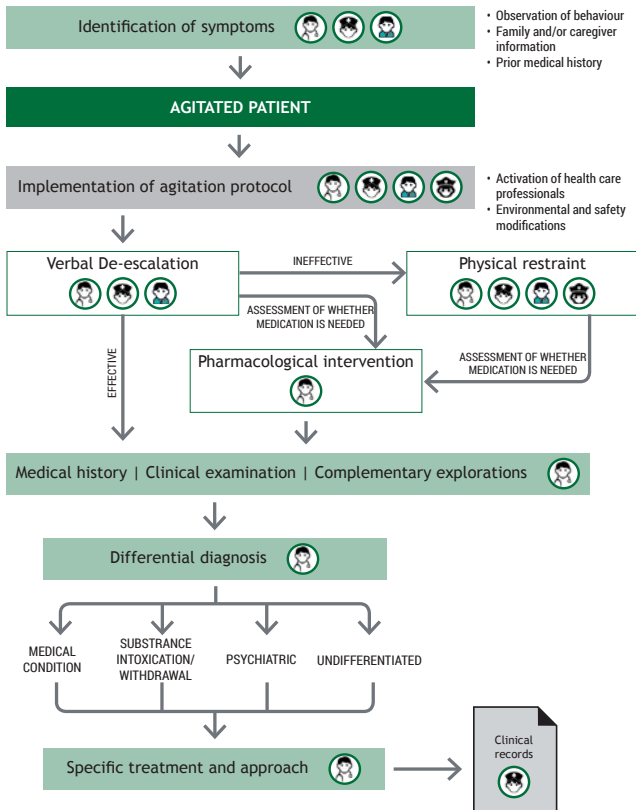
DEGREE OF AGITATION		PATIENT'S FEELINGS AND BEHAVIOURS	CLINICAL EVALUATION	PEC
SEVERE	<div style="border: 1px solid black; border-radius: 10px; padding: 5px; text-align: center;">Aggressive Violent</div> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; text-align: center;">Desperate Confused Lost</div>	Behaviour related to combat and escape	P: 5 T: 7 H: 7 U: 6 E: 6	<b>31</b>
		Verbal and physical aggressiveness		
		Suffering, screaming		
		Incoherent speech, no attention		
		Verbal outbursts		
MODERATE	<div style="border: 1px solid black; border-radius: 10px; padding: 5px; text-align: center;">Insulting Frightened In danger</div> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; text-align: center;">Nervous Tense Grumpy Anxious</div>	Changing places	P: 4 T: 4 H: 4 U: 3 E: 4	<b>19</b>
		Fear		
		Quick and violent answers		
		Uncooperativeness and mistrust		
		Constant and nervous movements		
MILD	<div style="border: 1px solid black; border-radius: 10px; padding: 5px; text-align: center;">Restless Bad-tempered Worried</div>	Rebellious and obstinate behaviour	P: 3 T: 3 H: 2 U: 2 E: 3	<b>13</b>
		Angry facial gestures		
		Quick answers		

See Annex II for a complete description of the scale

This scale assesses five items according to their severity, from 1 (no presence) to 7 (extremely severe):

-poor impulse control (P) - tension (T) - hostility (H) - lack of cooperation (U) - excitement (E)

# Algorithm for action in agitation



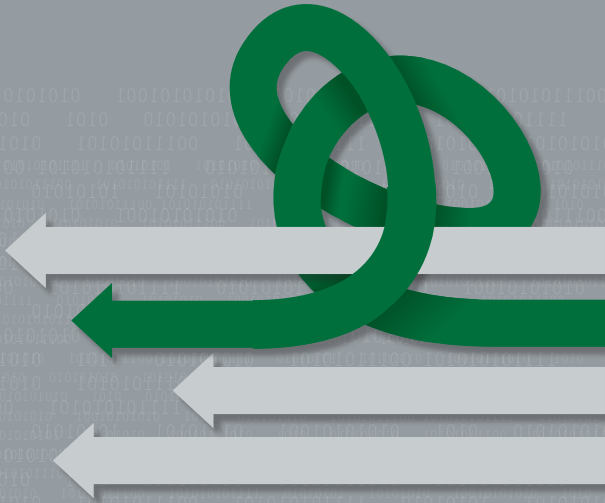
# Techniques of verbal de-escalation

Principle	Key recommendations
<b>1. Respect personal space</b>	Respect the patient's personal space as well as that of the healthcare staff.
<b>2. Do not be provocative</b>	Avoid iatrogenic escalation.
<b>3. Establish verbal contact</b>	Only one person verbally interacts with the patient. Introduce yourself and provide orientation and calmness.
<b>4. Be concise</b>	Be concise and maintain simple language. Repetition is essential for a successful verbal de-escalation.
<b>5. Identify desires and feelings</b>	Use free information to identify desires and feelings.
<b>6. Listen to the patient attentively</b>	Use active listening. Use Miller's Law: "In order to understand what another person is saying, you must assume that it is true and try to find out what it could be true of".
<b>7. Agree or agree to disagree</b>	Reach agreements with the patient: regarding specific and clear truths; in relation to general issues; with respect to minor situations; even if there is no way to honestly agree with the patient, agree to disagree.
<b>8. Set clear rules and limits</b>	Establish basic working conditions. The setting of limits must be reasonable and done in a respectful manner. Coach the patient on how to maintain control, among other possibilities.
<b>9. Offer alternative choices and optimism</b>	Offer real alternatives. Address the topic of medications. Be optimistic and provide hope.
<b>10. Debrief the patient and staff</b>	Inform the patient. Review of the case with staff.

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