

# ED Behavioral Health Observation Tool



<b>Rating</b> <b>1= Sleeping or Quietly Awake</b> <b>No aggression</b>	<b>Rating</b> <b>2= Increased Activity</b> <b>Mild Aggression</b>	<b>Rating</b> <b>3= Signs of Aggression</b> <b>Moderate Aggression</b>	<b>Rating</b> <b>4 = Act(s) of Aggression</b> <b>Severe Aggression</b>
<p><b>PHYSICAL:</b> Patient is sleeping or relaxed in appearance, follows direction, cooperative</p> <p><b>VERBAL:</b> Sleeping or speaking in normal tone, requesting items, answering questions</p>	<p><b>PHYSICAL:</b> Pacing, moving around the room, jumping on the bed, moving items in the room, follows directions with minimal prompting</p> <p><b>VERBAL:</b> Increase in speech volume, frequency, or duration</p> <p><b>Consider completing EAP reassessment, if indicated</b></p> <p><i>**These behaviors are not always negative expressions! Sometimes this is how the patient shares happiness or pleasure.</i></p>	<p><b>PHYSICAL:</b> Pacing, clenched fists, clenched jaw, stomping feet, punching pillow/bed, squeezing items, arms crossed, follows directions with a lot of prompting</p> <p><b>VERBAL:</b> Making implicit threats, cussing, yelling, refusing to talk, making demands</p> <p><b>Consider completing EAP reassessment, if indicated</b></p>	<p><b>PHYSICAL:</b> Hitting, kicking, shoving, punching, pinching, biting, hair pulling, not following directions after a lot of prompting, scratching, spitting, throwing items</p> <p><b>VERBAL:</b> Cussing, yelling, making explicit threats, refusing to talk, making demands</p> <p><b>Consider completing EAP reassessment, if indicated</b></p>
<p><b>Know and follow behavioral health precautions and plans</b></p> <p><b>De-escalation Strategies:</b></p> <ul style="list-style-type: none"> <li>- Minimize loud noises/reduce stimuli</li> <li>- Limit entering/exiting room</li> <li>- Involve patient in care making decisions</li> <li>- Ask before touching/Explain before doing</li> <li>- Use patient specific communication strategies</li> <li>- Allow time to respond</li> </ul>	<p><b>Follow current behavioral health precautions and plans</b></p> <p><b>De-escalation Strategies:</b></p> <p><b>- Calming strategies from green plus:</b></p> <ul style="list-style-type: none"> <li>• Reduce stimuli including lights and noises</li> <li>• Utilize limit setting</li> <li>• Redirection</li> <li>• Clarify the child's goals</li> <li>• Validate patient's feelings</li> </ul>	<p><b>Follow current behavioral health precautions and plans</b></p> <p><b>De-escalation Strategies:</b></p> <p><b>- Calming Strategies from yellow plus:</b></p> <ul style="list-style-type: none"> <li>• Eliminate cause of frustration when possible</li> <li>• Reduce number of people communicating</li> <li>• Directive communication</li> <li>• Have support staff out of sight</li> </ul>	<p><b>Follow current behavioral health precautions and plans</b></p> <p><b>De-escalation Strategies:</b></p> <p><b>- Calming Strategies from orange plus:</b></p> <ul style="list-style-type: none"> <li>• Remove caregivers from the room if appropriate</li> <li>• One person communicating</li> <li>• Short, clear directive phrases, i.e.: "Safe Hands"</li> <li>• Have support staff readily available</li> </ul>
<b>Aggression Rating</b>			
<p>1 = Sleeping or Quietly Awake No aggression</p>	<p>2 = Increased Activity Mild Aggression</p>	<p>3 = Signs of Aggression Moderate Aggression</p>	<p>4 = Act(s) of Aggression Severe Aggression</p>
<b>Interventions</b>			
<ul style="list-style-type: none"> <li>• Allow patient to sleep/wake patient gently if necessary. (Do not touch until awake)</li> <li>• Ask caregivers about past behaviors outside of the room</li> <li>• Identify triggers and avoid if possible</li> <li>• Identify known calming techniques</li> <li>• Give home medications on time</li> <li>• Determine what PPE will need to be worn or close by</li> </ul>	<p><b>Interventions from green plus:</b></p> <ul style="list-style-type: none"> <li>• Ensure safe environment</li> <li>• Let others know when you are going into the room</li> <li>• Encourage known coping strategies</li> <li>• Remove items patient could grab off your person</li> <li>• Give home medications early or medications for mild aggression</li> </ul>	<p><b>Interventions from yellow plus:</b></p> <ul style="list-style-type: none"> <li>• Remove unnecessary people from the room</li> <li>• Review plan for managing further escalation with care team (include patient/family when applicable)</li> <li>• Obtain restraints and have them available if needed</li> <li>• Consider medications for moderate aggression, offering PO when applicable</li> </ul>	<p><b>Interventions from orange plus:</b></p> <ul style="list-style-type: none"> <li>• Obtain double-locking Velcro restraints and use as needed</li> <li>• Huddle with care team</li> <li>• Consider IM medications for severe aggression or add second line medication if already given</li> <li>• Discuss additional medication options with on call psychiatrist</li> </ul>
<b>Medications for Aggression</b>			
<p><b>Give scheduled home medications on time.</b></p>	<p><b>Give scheduled home medications early or consider home PRNs.</b></p> <p><b>Benadryl/diphenhydramine</b> Route: PO, IV, IM Dosing: &lt;12yo 25mg (&lt;25mg give 1mg/kg) &gt;12yo 50mg Redosing: q6hr Onset of action: PO 15-60min; IV/IM 15min Duration of action: 4-6hr</p> <p><b>Atarax/hydroxyzine</b> Route: PO &lt;12yo 10-25mg &gt;12yo 25mg Redosing: q6hr Onset of action: PO 15-30min Duration of action: 4-6hr</p>	<p><b>Zyprexa/olanzapine (2nd generation)</b> <b>**Not within 1-2hr of Ativan</b> Route: PO, ODT, IM Dosing: 5-8yo 2.5mg 9-12yo 5mg &gt;12yo 5-10mg Redosing: q2-4hr Onset of action: IM/ODT 15-30min; PO (non ODT) up to 4hr Duration of action: 3-4hr</p> <p><b>Risperdal/risperidone (2nd generation)</b> Route: PO Dosing: &lt;12yo 0.25-0.5mg &gt;12yo 0.5-1mg Redosing: q12hr Onset of action: PO 1hr Duration of action: 15hr</p>	<p><b>Haldol/haloperidol (1st generation)</b> Route: IM Dosing: 6-12yo 2mg &gt;12yo 5mg Redosing: q4hr Onset of action: 10-30min Duration of action: 3-6hr</p> <p><b>Geodon/ziprasidone (2nd generation)</b> Route: IM Dosing: &lt;12yo 5mg &gt;12yo 10mg Redosing: q2-4hr (&lt;40kg only q24hr) Onset of action: 15-30min Duration of action: 3-4hr</p>
<p><b>Considerations:</b></p> <ol style="list-style-type: none"> <li>1. EPS = Extrapyrimalidal Symptoms: akathisia (motor restlessness), Parkinsonism, and dystonia (involuntary contractions of major muscle groups); If muscle stiffness or movement problems develop after use of any antipsychotic, give 1 mg/kg/dose of diphenhydramine PRN.</li> <li>2. History of EPS/dystonia-consider 2ndgen. Geodon/Zyprexa &gt; 1stgen. Haldol; History of prolonged QT/cardiac history-consider 1stgen. Haldol &gt; 2ndgen. Geodon/Zyprexa. Geodon is the worst offender of prolonging QT.</li> <li>3. Benzodiazepines are the preferred first line agents when aggression related to ingestions. Telemetry and Pulse Ox for: sedated patients following use of medications or based on provider discretion when using above medications if patient is not sedated. EKG once calm/safe for any patient with cardiac history.</li> </ol>		<p><b>2ndLine Medications</b></p> <p><b>+/- Ativan/lorazepam**Not within 1-2hr of Zyprexa</b> Route: PO, IV, IM Dosing: &lt;12yo 0.5-1mg &gt;12yo 1-2mg Redosing: PO q2hr, IV/IM q4hr Onset of action: PO 20-30min, IV 2-5min, IM 15-30min Duration of action: 1-2hr</p> <p><b>+/- Benadryl/diphenhydramine</b> Route: PO, IV, IM Dosing: &lt;12yo 25mg (&lt;25kg give 1mg/kg) &gt;12yo 50mg Redosing: q6hr Onset of action: PO 15-60min, IV/IM 15min</p>	