



# Verbal De-escalation

Agency Name:		<b>SATISFACTORY</b> <input type="checkbox"/>
Provider Name:	Paramedic	
Instructor Name:	EMT AEMT Paramedic Physician	<b>UNSATISFACTORY</b> <input type="checkbox"/>

<b>Instructor:</b>		<b>EMR</b>	
1. Evaluate providers skill performance using the check off list below.			
2. <u>Circle performance indicator:</u>	<b>B</b>	<b>EMT</b>	<b>B</b>
YES = Provider completed skill with no assistance from instructor.	<b>A</b>	<b>AEMT</b>	<b>A</b>
NO = Provider unable to complete skill satisfactorily following instructor intervention.			
IL = Provider able to complete skill satisfactorily following Instructor Led (teaching) intervention.	<b>P</b>	<b>Paramedic</b>	<b>P</b>

**Satisfactory performance indicated with ≥ 8 YES / IL completions. (Combination of both YES and IL)**

YES	NO	IL	Verbalizes indications for Verbal de-escalation techniques: 1. Behavioral Health Crisis 2. Behavior Activity Rating Score ≥ 5
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YES	NO	IL	Verbalizes contraindications: None
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YES	NO	IL	<b>Demonstrates respect of patient's personal space</b> <ul style="list-style-type: none"> <li>Maintain about 6 feet of distance and do not position yourself between the patient and only exit</li> <li>Both you and patient should be able to exit the room without feeling blocked-in</li> </ul>
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YES	NO	IL	<b>Does not provoke patient during interaction</b> <ul style="list-style-type: none"> <li>Your body language must convey that you want to listen and that you do not want to inflict harm           <ul style="list-style-type: none"> <li>Your hands should be visible and open</li> <li>Do not face the patient head-on. Always stand at an angle</li> <li>Avoid prolonged staring or direct eye contact</li> </ul> </li> <li>Make sure others are not provoking the patient (providers, family members, bystanders, providers, police officers)</li> </ul>
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YES	NO	IL	<b>Establishes rapport, initiates and maintains verbal contact</b> <ul style="list-style-type: none"> <li>One person should make and maintain verbal contact, introduce yourself and explain your role           <ul style="list-style-type: none"> <li>Multiple providers talking to the patient will create confusion and may escalate patient's behavior</li> </ul> </li> <li>Emphasize you are there to keep the patient safe</li> <li>Ask the patient their name and how they want to be addressed</li> </ul>
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YES	NO	IL	<b>Use concise statements when talking</b> <ul style="list-style-type: none"> <li>Agitation creates problems in a patient's ability to process information</li> <li>Keep your conversation simple and short in nature allowing time for patient to process information</li> <li><u>Repeat your statements, requests, or commands to ensure understanding</u> <ul style="list-style-type: none"> <li>This is called a loop, you may need to repeat 2 – 12 times before patient understands</li> </ul> </li> </ul>
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YES	NO	IL	<b>Identify wants, feelings, and stress causing the crisis</b> <ul style="list-style-type: none"> <li>"When you called 911, how did you think we could help you?"</li> <li>"I would like to know what caused you to become upset today so we can help you"</li> <li>Identifying a need can help to quickly de-escalate the situation</li> </ul>
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YES	NO	IL	<b>Listen closely to patient</b> <ul style="list-style-type: none"> <li>You should be able to repeat back what is said by the patient           <ul style="list-style-type: none"> <li>"Tell me if I have all this right"</li> <li>"Let me make sure I understand what you said"</li> </ul> </li> </ul>
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YES	NO	IL	<b>Agree or agree to disagree</b> <ul style="list-style-type: none"> <li>If statements are truthful, then agree with the truth</li> <li>Agree in principle, maybe patient's statement is not true, but you can agree, that in general, the idea is true</li> <li>Agree with the odds, anyone may be upset by the same circumstances</li> <li>Do not agree with delusions, at that point you can agree to disagree</li> </ul>
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YES	NO	IL	<b>Set clear limits on acceptable behavior</b> <ul style="list-style-type: none"> <li>Set limits in a positive, matter-of-fact manner, and not in a threatening manner</li> <li>Inform the patient that harm to self or other providers will not be tolerated</li> <li>If the patient's behavior is frightening to providers, tell the patient so</li> <li>Remind the patient you are there to help, keep them safe, but the providers cannot be abused in the process</li> </ul>
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YES	NO	IL	<b>Offer choices to patient (if available) and remain positive in your interactions</b> <ul style="list-style-type: none"> <li>Offer choices that are realistic and that may provide comfort such as drinks, food, blankets, etc.</li> <li>If medication is needed, offer choice between PO and IM/IV, offer medication early in encounter</li> </ul>
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YES	NO	IL	<b>Debrief provider team following the incident (if restraints necessary, debrief patient as well)</b> What went well?    What could have gone better?    What did we learn?    Who needs to know?
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**Instructor notes:**



# Verbal De-escalation

## Clinical Information for Verbal De-escalation

### **Objective of Procedure:**

Verbal engagement with patient and establishing collaborative relationship with patient  
Preventing violent behavior  
Avoiding use of restraints  
Reducing patient anger and frustration  
Maintaining staff and patient safety  
Enabling patients to manage their emotions and regain personal control

**Scope of Practice:**      EMR    EMT    AEMT    Paramedic

### **Indications:**

1. Behavioral Health Crisis
2. Behavior Activity Rating Score  $\geq 5$

### **Contraindications:**

None

### **Clinical Presentation:**

Patient experiencing a behavioral crisis defined as:

- Significantly deviates from society's expectations and commonly held normal behavior
  - Behavior that is unusual for patient's baseline
  - Bizarre
  - Threatening
  - Dangerous to self and/or others
  - Alarming to patient, family, or bystanders
  - Interferes with the patients ability to perform basic life functions and activities of daily living
- Behavior Activity Rating Score  $\geq 5$

### **Potential Complications:**

Injury to patient, provider, or bystander  
Need to move to restraint procedure  
Exacerbation of agitated condition

### **Procedure references:**

1. Palmer J. (2019). Joint Commission Issues De-escalation Guidebook for Healthcare Facilities and Workers. Patient Safety and Quality Healthcare (PSQH). <https://www.psqh.com/analysis/joint-commission-issues-de-escalation-guidebook-for-healthcare-facilities-and-workers/>
2. Richmond JS, Berlin JS, Fishkind AV, et al. (2012). Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. West J Emerg Med 13(1):17-25. doi: 10.5811/westjem.2011.9.6864