



Verbal De-escalation

Agency Name:		SATISFACTORY <input type="checkbox"/>												
Provider Name:	Paramedic													
Instructor Name:	EMT AEMT Paramedic Physician	UNSATISFACTORY <input type="checkbox"/>												
Instructor: 1. Evaluate providers skill performance using the check off list below. 2. Circle performance indicator: YES = Provider completed skill with no assistance from instructor. NO = Provider unable to complete skill satisfactorily following instructor intervention. IL = Provider able to complete skill satisfactorily following Instructor Led (teaching) intervention. Satisfactory performance indicated with ≥ 8 YES / IL completions. (Combination of both YES and IL)		<table border="1"><thead><tr><th></th><th>EMR</th><th></th></tr></thead><tbody><tr><td>B</td><td>EMT</td><td>B</td></tr><tr><td>A</td><td>AEMT</td><td>A</td></tr><tr><td>P</td><td>Paramedic</td><td>P</td></tr></tbody></table>		EMR		B	EMT	B	A	AEMT	A	P	Paramedic	P
	EMR													
B	EMT	B												
A	AEMT	A												
P	Paramedic	P												

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

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 ≥ 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 ≥ 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