Code De-escalation:
The Roles of Registered Nurses on the Multidisciplinary Team to Manage Agitation And Reduce Restraint Use in a Community Hospital Emergency Department

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Background

- Approximately 3% of all visits to the emergency department (ED) involve patients experiencing agitation (Im et al., 2024).

- The use of restraints is associated with potential physical risks and long-term psychological effects for patients (Jin et al., 2021; Wong et al., 2020).

- Early identification and management of acute agitation to protect patients and staff, while limiting use of restraints and seclusion, is important in any healthcare setting, especially in the ED.

- The use of structured violence risk assessment is common in mental health settings and is now valued as an important strategy to use in emergency departments (Sammut et al., 2023) to effectively identify acute agitation and implement appropriate management.

Setting

- A 171-bed Magnet *with Distinction*™ designated community teaching hospital in the Northeast U.S.
  - 26 bed Emergency Department with a 12-bed observation unit
  - Average annual visits - 36,000 patients

Purpose

- To describe and demonstrate the roles of registered nurses on the multidisciplinary "code de-escalation" team to manage agitation and reduce restraint use in the emergency department.

Process

- A multidisciplinary workgroup developed a "Code de-escalation" workflow in 2021 to standardize agitation assessment, develop a process to inform and gather the multidisciplinary team, and provide guidance for a stepwise team-based response using the least restrictive methods possible (Im et al., 2024).

- As part of the implementation plan, nursing staff participated in a two-hour, simulation-based, interdisciplinary Anti-Racism & Trauma informed (ART) De-escalation Training Program to prepare them for the potential roles they would have as members of the "code de-escalation" team.

- Nurses are key members of the "code de-escalation" team responsible for assessing the level of patient agitation, taking the initiative to call the "code de-escalation" when appropriate to gather the team at the bedside, and then collaborate with the team to implement de-escalation strategies.

- During the "code de-escalation", nurses assign team roles and often lead the code in collaboration with the medical provider. Following the code, nurses lead a debrief.

- Overall, 92% (n=82) of ED nursing staff completed the ART De-escalation Training Program; 91% (n=61) were RNs and 95% (n=21) were unit service technicians.


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Results

- Post-intervention there was a significant decrease in physical restraint use from 7.4% to 3.7% (ARR 0.028 [95% C I0.002–0.055], p < 0.05).
  - This was not seen at the control sites (two community hospitals within the healthcare system) suggesting effectiveness of the educational intervention.

Restraints and Psychiatric Boarding
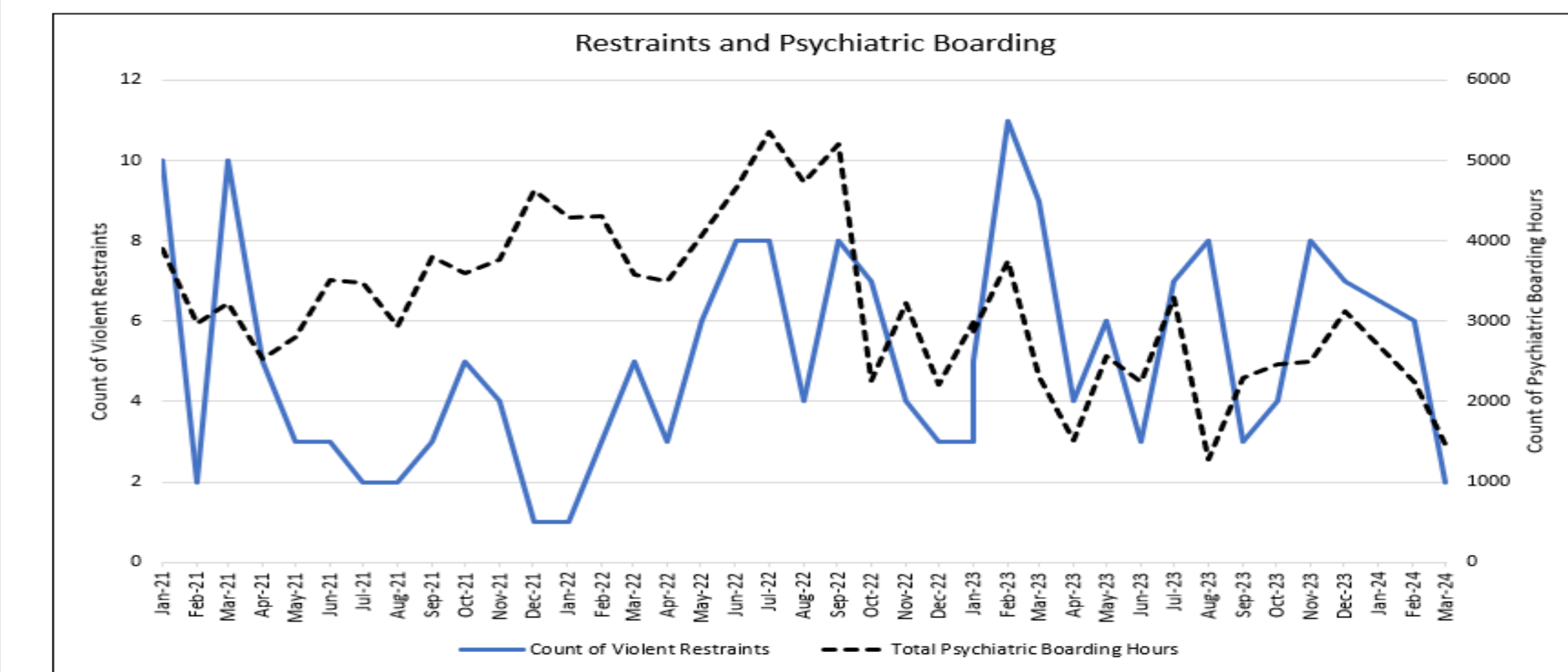
Discussion

- Use of a standardized approach with clearly assigned roles can be effective in helping emergency departments decrease the use of physical restraints in managing agitation in the behavioral health population.

- Registered nurses play a key role in the initial and ongoing assessment and management of acute agitation in the ED with the goal of reducing the use of restraints for all patients.

- Using trauma-informed strategies to prevent escalation and manage acutely agitated patients in the ED improves outcomes for patients and staff.

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