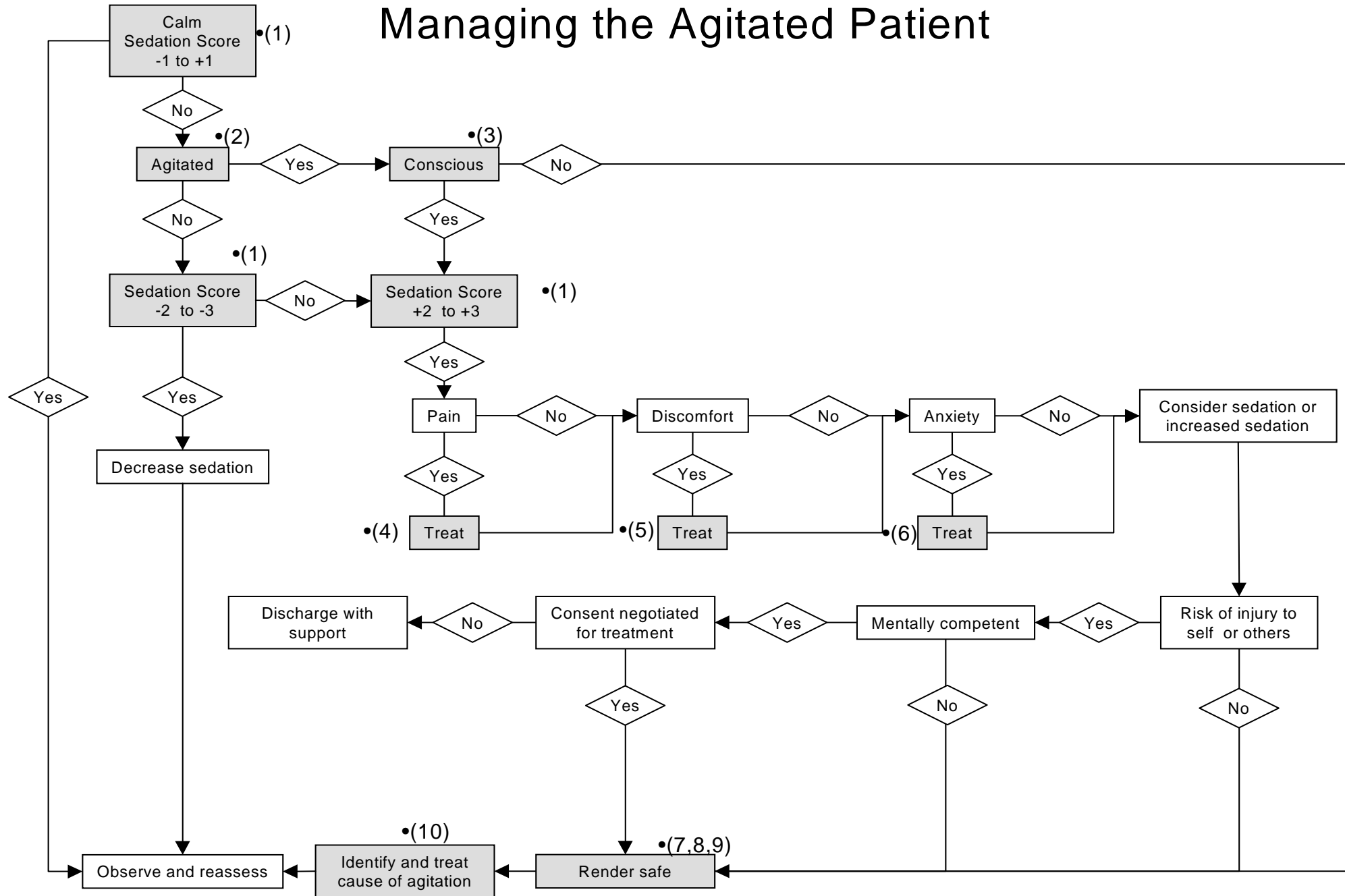


# Managing the Agitated Patient



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## (1) UCLH Sedation Score

- +3 Agitated and restless
- +2 Awake and uncomfortable
- +1 Aware but calm
- 0 Roused by voice, remains calm
- -1 Roused by movement
- -2 Roused by noxious or painful stimuli
- -3 Unroutable
- A Natural sleep
- P Completely paralysed

## (2) Definition of Agitation

Excessive motor or verbal behaviour that interferes with patient care, patient or staff safety and medical therapies

(Haskell and Frankel, Agitation. AACN Clinical Issues 1997; 8: 335-50).

## (3) Assessing consciousness

- Consciousness has two components - arousal and content
- Arousal is affected by midbrain problems and content by cerebral hemisphere problems
- Unconsciousness is the condition in which the patient makes no appropriate responses to stimuli, either external (e.g. pain) or internal (e.g. thirst)
- Posturing and reflex movements may occur in the unconscious patient
- Sympathetic responses may occur in the unconscious patient
  - e.g. tear formation, blood pressure rise, tachycardia
- A sedation score of +3 may indicate agitation but this does not necessarily mean consciousness
  - e.g. no response to stimulation
- The unconscious patient probably does not require sedation

# Managing the Agitated Patient

## **(4) Pain Management**

- Give information
- Give analgesia
  - paracetamol
  - NSAIDS
  - opiates
  - regional analgesia
- Review for effect (15 min)
- Inform medical staff if ineffective
- Consider involving pain team

## **(5) Comfort Measures**

- Give information
- Repositioning
- Wash /sheet change
- Remove noxious stimulus
- Massage
- Aromatherapy
- Distraction

## **(6) Anxiety Management**

- Give information
- Reassurance
  - therapeutic nurse, family
- Adjust environment
  - reduce noise
  - reduce light
  - develop day/night cycle
  - promote rest
- Anxiolytic

## Managing the Agitated Patient

### (7) Rendering patient safe

- Attempt reasoning
- Comfort measures, handholding
- Mattress on floor
- If interfering with life sustaining treatment or assaulting staff
  - involve NIC, SpR, Consultant
  - consider muscle relaxant if ventilated and unconscious
  - consider minimal physical restraint (posey mitts)
- Document rationale
- Review need hourly

### (8) Safety Instructions for the use of Posey ® Finger Control Mitts (adapted from product leaflet)

#### CONTRAINDICATIONS:

- Do not use Posey Mitts on patients with dislocations, fractures or open wounds on the affected limb.
- Do not use Posey Mitts if the I.V. site could be compromised.

#### ADVERSE REACTIONS:

- If this device is applied too tightly the circulation will be impaired. If too loose, the patient may be able to slip his limb from the device. Check circulation frequently and monitor for skin discolouration.
- A patient in a supine position who cannot sit up requires extra vigilance. Should the patient vomit, he is at risk of aspiration. Monitor constantly and be prepared to intervene.

#### APPLICATION INSTRUCTIONS:

- 1) Put the patient's hand into the mitt, separating the fingers so they fit into each finger slot.
- 2) Place the strap over the smallest part of the wrist to reduce the potential of unintentional removal.
- 3) Bring the hook and loop closure over the top of the wrist, through the plastic ring, and secure it onto itself. Caution: Overtightening will compromise circulation. Leave enough room to easily insert one finger between the device and the patient's limb. Remove mitt to check circulation and range of motion at regular intervals.

The Posey company recommends that all siderails must be in the up position when using restraints, if necessary using a gap protector with split siderails, to prevent the patient's body going around, through or between the siderails. It may be safer to nurse a patient making determined efforts to get out of bed on a mattress on the floor, where he cannot fall. The

## Managing the Agitated Patient

Posey company also recommends that Posey Mitts not be used while the patient is on the toilet.

### RECOMMENDATIONS

- 1) The decision to use a restrictive product should be made by the nurse in charge in agreement with the registrar or consultant.
- 2) The reason for the decision should be entered in the patient's record, and signed.
- 3) The patient must be under direct visual supervision at all times.
- 4) The Posey Mitts must be removed every hour to check circulation and movement.
- 5) The need for the Posey Mitts should be reviewed each hour with the checks.

### **(9) Guidelines For Nursing A Patient On A Mattress On The Floor**

- Bed rails will not prevent a determined patient climbing out of bed, just make it further to fall.
- Being nursed on a mattress on the floor without rails may remove the perception of being imprisoned.
- The decision to nurse the patient on the floor should be made by the G grade with the SpR or Consultant.
- Assessment is the priority. Complete a Manual Handling Risk Assessment form when the patient is on the bed, and again when the patient is on the floor.( Copies of the Manual Handling Risk Assessment Form are available on the Public Folders.)
- Getting the patient from the bed to the mattress on the floor may be relatively easy due to gravity:consider how to get the patient back to bed or to the chair. The hoist can not lift from floor level.
- Consider the dependency of the patient. Working in a kneeling or stooping position to get to the level of the patient will be physically demanding for the nursing staff, who may need to be rotated during the shift to prevent strain. Using two mattresses side by side or obtaining a pair of gardening knee pads may be helpful.
- Utilise resources such as the Moving and Handling Nurse Adviser, and the physiotherapy staff.

## Managing the Agitated Patient

### **(10) Causes of Agitation**

- Environmental
- Disease process
- Sepsis
- Treatment side effects
- Hypoxaemia
- Alcohol/drug withdrawal
- Encephalopathy
- Cerebral irritation
- Pre-existing psychosis