

## The Use of Nonpharmacological De-Escalation Method Education to Promote Trauma-Informed Health Care

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# The Use of Nonpharmacological De-Escalation Method Education to Promote Trauma-Informed Health Care

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## Background

Workplace violence in health care settings is rising with the greatest increases of violence occurring against nurses and nursing assistants (Brous, 2018).

- De-escalation techniques have become a first-line response in reducing potential patient violence and aggression.
- Nurse residents (NRs) in an academic Magnet® facility noted frequent use of behavioral 1:1 sitters and patient restraint use in their 30-bed step-down trauma unit.
- Network-supported crisis management training held annually
  - RNs verbalized the need for ongoing education and support to incorporate these practices naturally and confidently into their daily clinical practice.
- Novice nurses to the unit often began clinical practice before receiving the benefit of this training designed to promote safety and reduce harm to both patients and staff.

## Purpose/Objectives

This presentation shares a nurse resident-led evidence-based practice project designed to emphasize the vital role of the trauma nurse in the promotion of trauma-informed health care.

The learner will gain strategies to:

- Prevent violent behavior in the agitated/combatative trauma patient
- Enable patients to manage their own emotions and to regain personal control
- Decrease the use of patient restraints
- Maintain the safety of staff and patients
- Improve staff/patient connections and relationships

## Evidence

- Violence management programs can lead to more effective risk management, including simulation training in a medical-surgical setting (Schwartz & Bjorklund, 2018)
- A 3-step process provides patients with resources to regain self-control:
  - Providing time and space
  - Impartial investigation of aggression causes
  - Emphasizing decisional control (Price et al., 2017)

## Methods

- Pre-survey was created and distributed to assess clinical nurses' awareness and confidence in utilizing nonpharmacological de-escalation methods in the trauma population.
- Nurse Residents:
  - Incorporated a behavior management technique: T-A-DA (Tolerate, Anticipate, Don't Agitate)
    - ▶ Allows behaviors which do not have the potential for harm
    - ▶ Anticipates patient needs (i.e. food and toileting)
    - ▶ Reduces agitation by using distraction and redirection
  - Created an educational handout detailing T-A-DA technique
    - ▶ Reviewed with nurses at daily unit safety huddles and shift change
    - ▶ Posted on the unit
    - ▶ Provided to staff caring for behavioral 1:1 patients

## T-A-DA Tactics

TOLERATE	ANTICIPATE	DO NOT AGITATE
<ul style="list-style-type: none"> <li>• Allow patient to:                             <ul style="list-style-type: none"> <li>▪ Adjust themselves in the bed while maintaining safety precaution</li> <li>▪ Take hospital gown on and off as they wish</li> </ul> </li> <li>• Utilize empathetic listening</li> </ul>	<ul style="list-style-type: none"> <li>• Assist patient to bathroom every few hours to maintain a toileting schedule</li> <li>• Provide snacks in-between meal times</li> <li>• Medicate for pain as needed</li> <li>• Walk patient in the hallway utilizing a gait belt for safety</li> </ul>	<ul style="list-style-type: none"> <li>• Do not argue with patient – redirect discussions</li> <li>• Do not raise your voice during patient care - speak in a normal tone of voice</li> <li>• Allow patient to voice concerns</li> </ul>

## Results

- Pre-implementation results: 40% of unit RNs were both confident using and aware of non-pharmacological de-escalation methods.
- Post-implementation, survey results revealed 92% of RNs felt confident and 100% of RNs verbalized knowledge of non-pharmacological de-escalation resources to use in the trauma patient population.

## Key Learnings

- Increase in staff mindfulness recognizing and responding to signs of agitation and anxiety in the trauma patient noted by RNs possessing enhanced skills to reduce violent patient behaviors.
- Need to provide education to new unit and float unit staff and intermittently reinforce education with all unit staff to promote awareness and maintain competency.
- Sharing information on individual successful behavior management techniques in bedside shift report is beneficial to promote consistency and reduce violent behaviors in this population.

## REFERENCES

- <sup>1</sup>Brous E. (2018). Workplace violence: How it affects health care, which providers are most affected, and what management and staff can do about it. *AJN* 118,(10), 51-55.
- <sup>2</sup>Price et al. (2017). Patient perspectives on barriers and enablers to the use and effectiveness of de-escalation techniques for the management of violence and aggression in mental health settings. *Journal of Advanced Nursing* (74), 614-625. doi: 10.1111/jan.13488
- <sup>3</sup>Schwartz, F., & Bjorklund, P. (2018). Quality improvement project to manage workplace violence in hospitals. *Journal of Nursing Care Quality* (34), 114-120. doi: 10.1097/NCCQ.0000000000000358