

Bedside and/or lanyard card – Based on CHOP PRESS Algorithm and Lurie Agitation Strategies

FRONT

PRESS Quick Assessment for Agitation

P	Past History	Review Medical & Behavioral History; Current Medications
R	Reasons for Agitation	Identify the Reason for Behaviors; Identify Triggers & Interests
E	Environment	Implement Safety & Therapeutic Interventions
S	Social	Review Caregiver Supports, Consents
S	Severity	Assess Severity & Plan Response

(From Children's Hospital of Philadelphia clinical pathways)

Severity of Agitation

(Consider baseline and developmental level)

MILD	MODERATE	SEVERE
Subtle behaviors such as fidgeting, irritability, fixed state	Raising voice, yelling, pacing, head-banging, defensive stance	Combative, imminent risk to self or others

BACK

Non-Pharmacological De-escalation Strategies for Agitation

Verbal Strategies	Language
Ask patient & caregiver what helps.	"What helps you in times like this?" "What has worked in the past?"
Set expectations and consequences	"If you are having a hard time staying safe, we will..."
Offer forced choices	Two options: "Would you like to do X or Y?"
Redirection/Distractions	"What else could we do?" "Would [activity] help?" "Let's try [activity] together"
Active listening: what is the patients' perception of the problem?	"Tell me if I have this right..." "What I heard is..." Consider use of silence
Build empathy: validate what the patient is experiencing	"What you are going through is difficult." "It can feel overwhelming to be in the hospital"
Behavioral Strategies	Tips
Use one voice & give simple instructions.	Ensure the team is on the same page. "First this, then this" when giving instructions Give patient adequate time to process and respond, repeat instruction if necessary
Reward cooperation and praise	Catch the patient "being good." "Great job showing me safe hands!"
Maintain personal space & consider body language	Respectful distance from escalating patient At least two arms-length distance Calm demeanor, posture Neutral stance, neutral facial expression, and tone of voice
Minimize stimulation.	Dim lights, reduce noise, minimize clutter. Minimize staff in the room (1-2 at a time ideal)
Consider soothing sensory tools or consults	Child life or Occupational Therapy can assist. Offer food or items for comfort