

Mental Health Nursing: Agitation and Aggression

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Definition of Agitation



- Restlessness and increased psychomotor activity that is usually an expression of emotional tension
- Agitated patients may have purposeless, restless activity, pacing, talking, crying, laughing to release nervous tension from anxiety, fear, or other mental stress

Definition of Aggression

- Forceful behavior, action, or attitude that is expressed physically, verbally, or symbolically
- It may arise from innate drives or occur as a defensive mechanism
- Often is result of a threatened ego
- Manifested by either constructive or destructive acts directed toward oneself or against others

Agitation

 Patients may become agitated when pushed to do something unfamiliar or unclear



- May refuse to participate and power struggle develops
- If lose behavioral control, response can be agitation leading to aggressive behavior

Decrease Escalation

- Decrease environmental stimuli
- Approach in calm, slow, simple manner
- Use distraction, like food, drink, music
- Maintain eye contact and comfortable posture
- Match verbal and nonverbal signals
- Identify and verbalize pt's feelings
- Maintain physical comfort and safety
- Identify pt's triggers and reactions

Communicate Effectively

- Capture pt's attention/Stay in view
- Use simple, direct statements
- Limit choices, but with some flexibility
- Use gestures and verbal directions
- Speak clearly and slowly/allowing time for response
- Use lower tone of voice if hearing deficit
- Communicate your desire to help

Behaviors Related to Dementia



- Behavior is symptomatic of the illness
- Separate the behavior from the person
- A damaged mind gets stuck in one activity and has trouble "shifting gears"
- What worked an hour ago may not work now
- May be caused by frustration
- People with dementia lose ability to plan

Structure Environment

- Needs sense of security from caregiver and environment
- Have a daily pattern of predictable times, people, and behaviors
- Know the person and structure environment accordingly
- Involve family members in assessments and care planning
- Maintain religious/spiritual identity
- Utilize humor

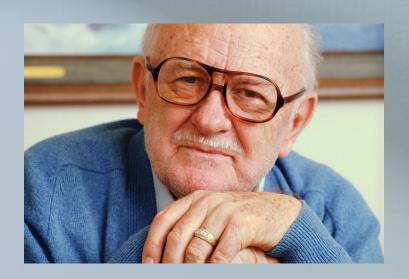
Wandering



- May be an attempt to get away from stress and tension in the environment
- May leave to avoid bathing or taking medication
- Sometimes it's to gain attention
- When observed carefully, nurses may understand and identify the situations that contribute to it
- Avoid restraints, but observe pt closely and use alarms

- Calmly go with resident who is intent on leaving, conversing to increase their feelings of security
- Realize that you can't force them to return
- Encourage them to rejoin group by explaining positive reasons
 - May offer their favorite food or activity
- Reach out your hand to them rather than grabbing their arm

- Provide distraction and comfort so they will turn around willingly
- If pt continues to be intent on escape, call security team



Nursing Care

- Assess subjective and objective responses
- Recognize defense mechanisms
 - Task-oriented reactions: Attack, withdrawal, compromise
 - Ego-oriented reactions: Compensation, denial, displacement, dissociation, identification, intellectualization, introjection, isolation, projection, rationalization, reaction formation, regression, repression, splitting, sublimation, suppression, or undoing

Implementation

- Establish trusting relationship
- Monitor self-awareness
- Protect the patient
- Modify the environment
- Encourage activity
- Administer medication
- Recognize anxiety
- Utilize pt insight to cope with threats
- Promote relaxation response



Crisis Management

When scheduled and PRN medications (as described in the Anxiety Disorders presentation) do not control agitated behavior and the patient is at risk of harming self or others, immediate action by nurse is required



- Many facilities have security assistance available for crisis situations
- PRN Medications may include IM injection of Haldol 5 mg and Ativan 2 mg

References



Stuart, G. & Laraia,
M. (2005).
Principles &
practice of
psychiatric nursing
(8th Ed.). St. Louis:
Elsevier Mosby