

Background

- Patients who are experiencing a period of critical illness frequently experience anxiety which can evolve into severe agitation
- The presence of agitation can pose risks to the patient, family, and clinical team
- Appropriate management of anxiety by medications or other measures may prevent severe agitation and lessen restraint usage
- Restraints are likely to negatively affect patients' health therefore a reduction in their usage is recommended for healthcare setting
- Between September 2022 to April 2023, DSU had 3 Code Grays, 3 disorderly patients requiring security presence, 1 workplace violence and 10 violent restraints

Purpose

Use of the Agitation Severity Scale Scoring Grid to differentiate anxiety from agitation and improve patient care outcomes by early initiation of appropriate medications, absence of injury to both patients and caregivers, and lessen the use of hard restraints

Methods

- Obtained historic data from leadership
- Educated staff regarding project
- Implemented the use of the 17-item Agitation Severity Scale Decision Scoring Grid
- Formulated an audit sheet to identify staff compliance in usage of the tool
- Performed audits of patients on hard restraints

Results

- 100% staff compliance in the use of the 17-item Agitation Severity Scale Decision Scoring Grid
- September 2023 to September 2024, there were 5 violent restraints, which is a decrease of 12 from September 2022 to August 2023

Discussion

- New implementation of the 17-item Agitation Severity Scale Decision Scoring Grid
- Staff can use the scale and include it in their SBAR when contacting provider
- Audits demonstrated staff compliance in the use of tool

Implications for Practice

- Adapting the use of the 17-item Agitation Severity Scale Decision Scoring Grid provides an opportunity to improve hospitalized patients' care
- Staff will medicate patients before agitation/aggression occurs
- Education will be done for continued success

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References available upon request.