

Sources of Escalating Behavior

- Pain
- Hunger
- Environmental factors
- Delirium
- Substance abuse or withdrawal
 - Consider nicotine withdrawal (Nicotine cessation pathway)
 - Consider Toxicology Consult
- Developmental delay or autism
- Psychiatric diagnoses

[\(Source of Behavioral Escalation Management and Medications\)](#)

Indications for Restraints

- First line of care should be seclusion (if available) **before** medications or restraints.
- If seclusion fails (risk of self-harm or while in seclusion) proceed to medications and/or restraint as needed (See Restraint or Seclusion Policy).



Huddle with Care Team

- Involve family when possible
- Verify and administer home medications
- Have security at bedside, if needed
- Collaborate with Social Work, House Shift Supervisor, Child Life and Staff Advocacy Team, as needed
- Discuss whether or not 1:1 is needed

Quick Access:

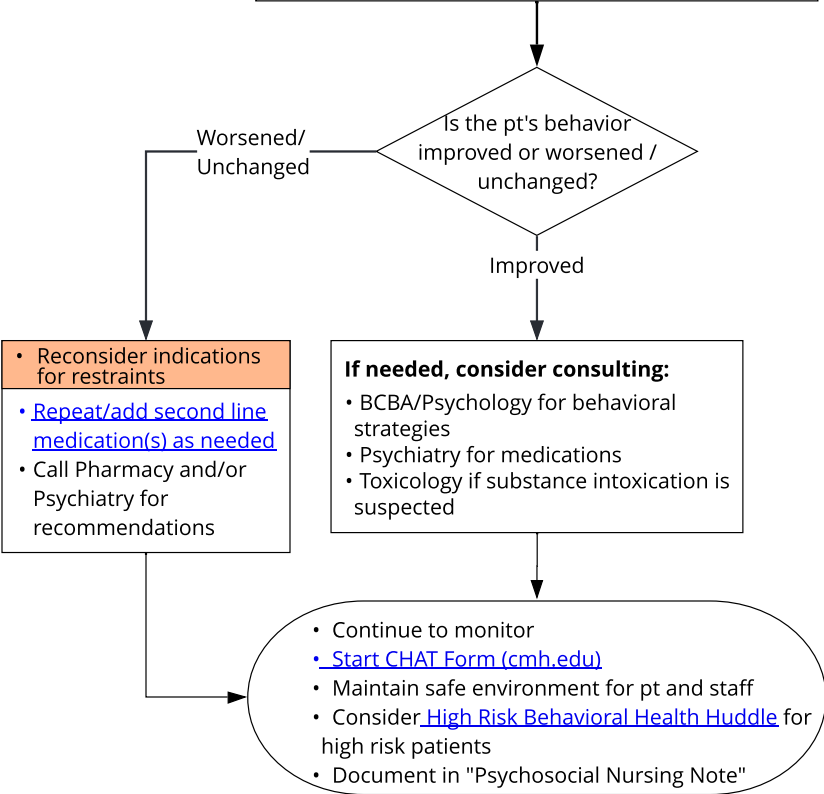
[Source of Behavioral Escalation Management and Medications](#)

[POPS \(Parents Offering Parent Support\)](#)

Consider the following as needed, if not already done:

- 1:1 observation (See, Continuous Patient Observation Policy)
- Move to Safer Room, if possible
- Seclusion
 - Consider physical restraints if seclusion has been unsuccessful (See Restraint or Seclusion Policy)
- Administration of [behavioral medications based on source](#)

Note: If prior visits, review notes for previous behavioral plan, effective strategies, or medication plans



Associated CMKC Policies:

- Behavior Management
- Internal Transport of Disruptive and Flight Risk Patients
- Patient Transport within the Facility Guidelines
- Restraint or Seclusion
- Continuous Patient Observation



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for mobile view