

# Managing Agitation in Patients with Traumatic Brain Injury (TBI)

Memorial Rehabilitation Institute

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# Multidisciplinary team

- A team that includes members from **different areas in the healthcare field** who work together to meet patient needs.
- The multidisciplinary team may include...
  - Nurses
  - Physicians
  - Case managers
  - Neuropsychologists
  - Psychologists
  - Physical therapists
  - Occupational therapists
  - Speech therapists
  - PCAs
  - Dietary staff
  - **Security staff**
  - Environmental services staff





# Why the Multidisciplinary Approach is Important

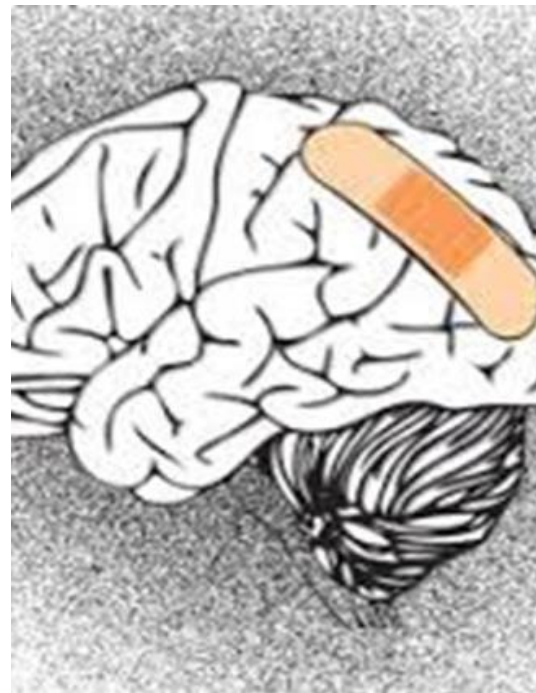
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- Coordinated care
- Support for other members of the team
- Learning from others
- Providing the best possible care for patients
- Consistency in behavioral intervention allows for best results. We all need to be on the same page!



# Understanding Brain Injury

- **Traumatic Brain Injury**
    - Damage to the brain that occurs suddenly as the result of trauma
      - a blunt or penetrating object
      - a rapid movement of the head causing the brain to move back and forth inside the skull
      - high pressure wave from blast
  - **Non-traumatic Brain Injury**
    - Brain damage not caused by external force (Stroke, loss of oxygen to brain, brain tumor)
- **These injuries can result in structural damage to the brain that can cause changes in the person's physical, cognitive, emotional, or behavioral functioning**





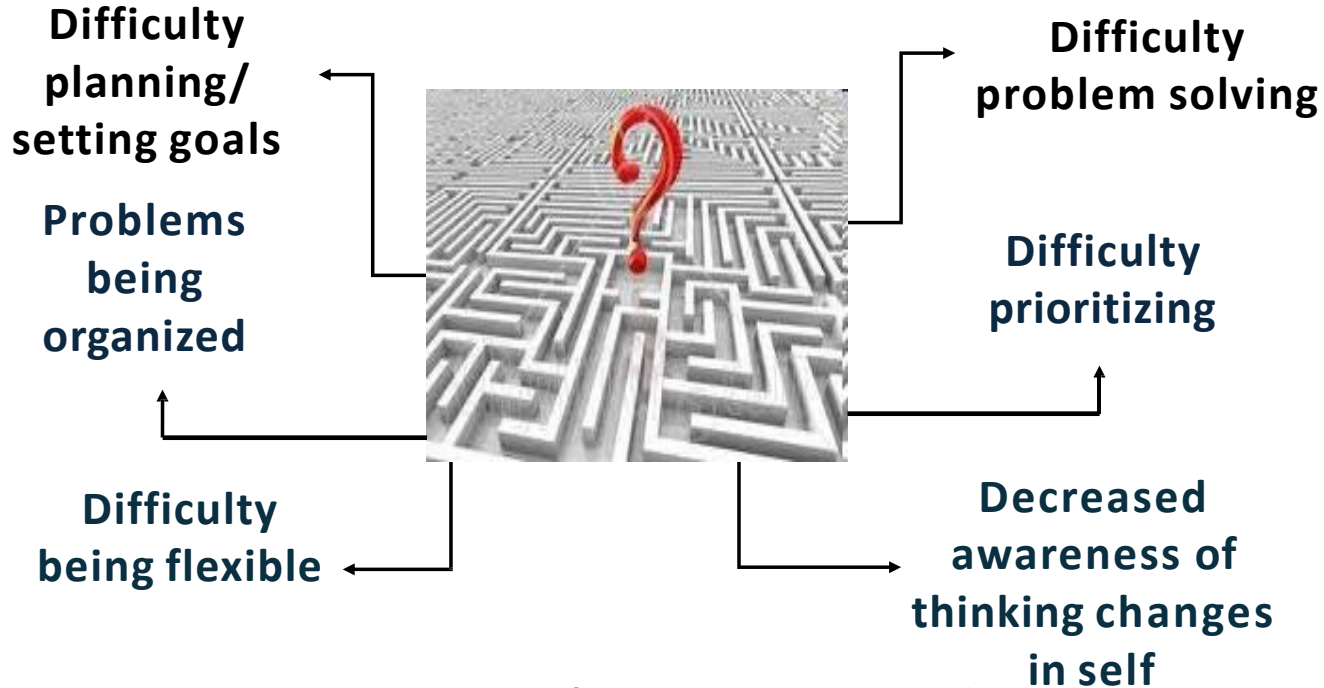
**How the brain  
(thinks) works...**



**How the brain might  
look after a TBI**



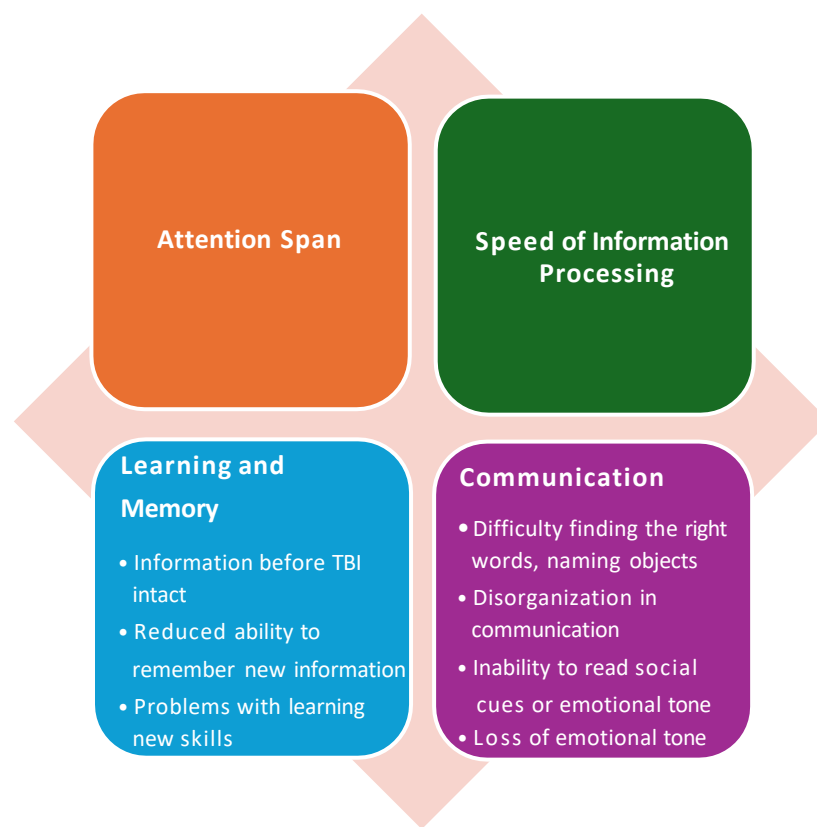
# Thinking Changes: “Executive Functioning”



Difficulty Following Simple/Complex Instructions\*

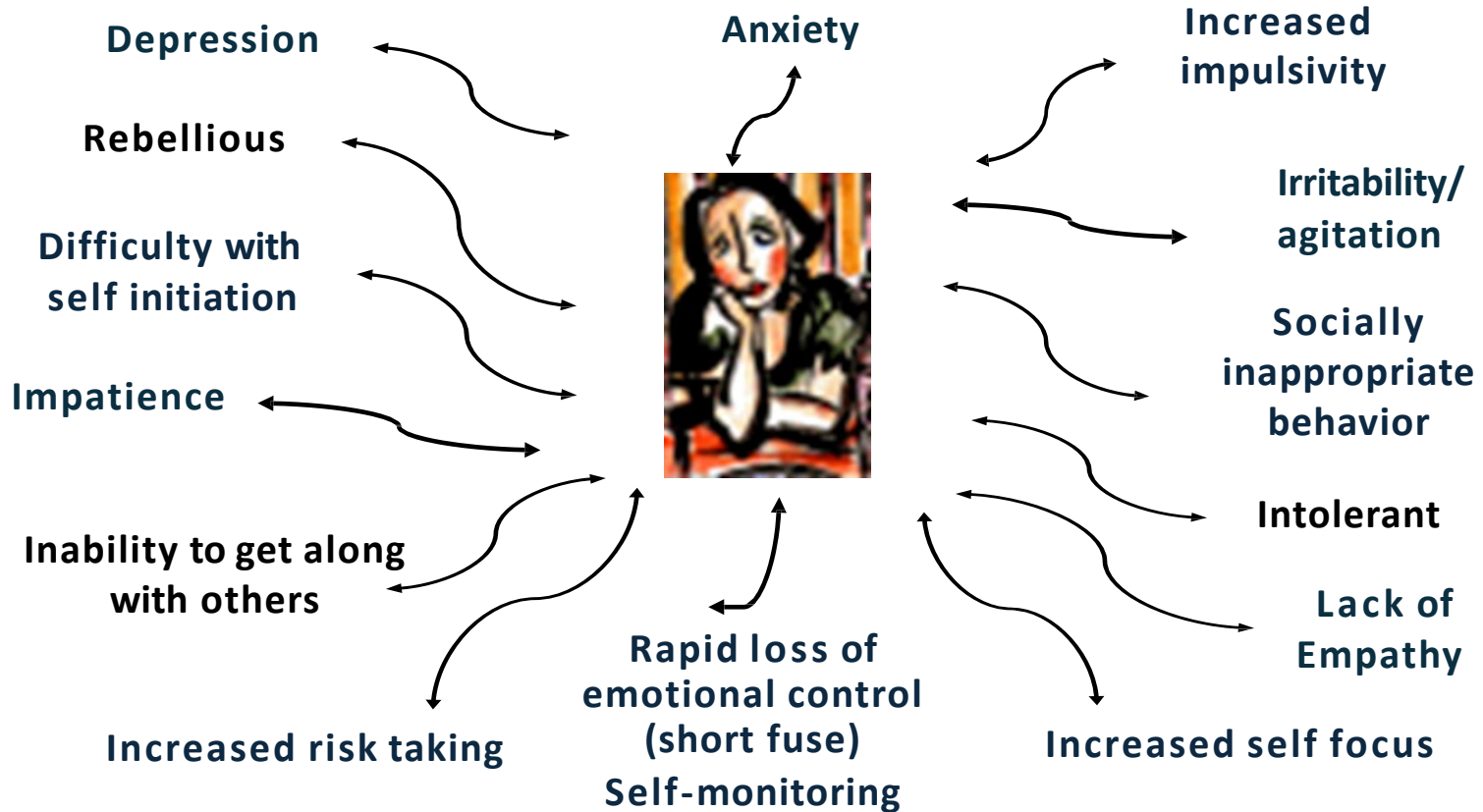


## Thinking Changes Continued...



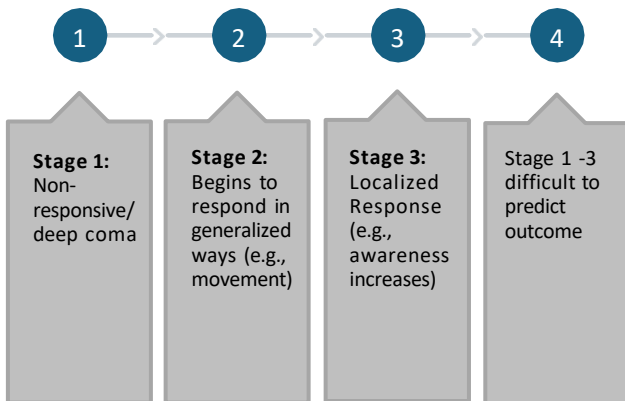


# Behavioral and Personality Changes





# Stages of TBI Recovery (Rancho Los Amigos Scale)



*Inpatient Rehab*

- **Stage 4:** Confused and agitated
- **Stage 5:** Confusion/inappropriate; agitation abates
- **Stage 6:** Confused but appropriate
- **Stage 7:** Automatic and appropriate
- **Stage 8:** Purposeful and appropriate



# Agitation is a symptom!!

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- With regard to TBI, agitation is a state in **which the patient has excessive energy** - beyond what can be used for a useful or goal-directed action. (Agitation is not limited to TBI population.)
- The excessive energy may be shown in **physical behavior (repetitive movement), cognition (disorganized thoughts), or emotional functioning (anger, tearfulness, fear, anxiety, sadness).**
- The patient may be agitated all the time they are awake, or it may be episodic (including explosive).
- **Agitated behavior is often not under the patient's control.** They are not behaving that way to provoke you.
- However, there is often is meaning to be found in agitated behavior (it often is not just random).



# Types of Agitation

- Non-stop pacing around the room or unit
- Continual rocking in the wheelchair
- Thrashing about in the bed non-stop
- Verbally threatening/inappropriate comments or yelling anytime a patient is frustrated, tired, etc.
- Striking out at staff who try to help or stop a patient from doing something





# What do we do?

- **Agitation occurs in 70% of patients hospitalized with TBI** and has adverse effects on length of stay and functional outcomes.
- Treatment involves:
  - (1) Pharmacological Treatment
  - (2) Behavioral interventions

**\*\*\*Protect the patient and staff\*\*\***



## Pharmacological Interventions

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# What agitation looks like on the Unit





# Neuropsychology Consult

- Clinical interview
- Create Behavioral Plan



## Behavioral Plan

### Triggers

- Pain
- Loud Noises
- New Faces/Places

### Environmental Changes:

- Limit number of people in the room; one speaker at a time
- Reduce noise
- Play music he enjoys- low volume
- 1:1 observer due to impulsivity

### Communication Strategies:

- Use a calm voice
- Break down tasks into smaller steps  
Examples:  
One-step commands  
Use Multiple Choice questions
- Patient is bilingual and tends to switch between English and Spanish frequently. He may benefit from Communication in Spanish.

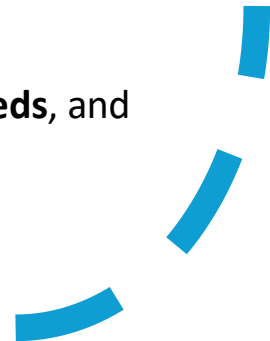
### Coping Skills

- Music (Bob Marley)
- Entertainment using Hands-on Activities (Examples: Enjoys dominos, games)
- Going outside
- Calming movies



## What do we do Continued...

- There are no magical cures.
- **Patience** is essential. Their behavior is not personally directed at you.
- **Maintaining the patient's dignity** is essential.
- **Providing the patient with the most sense of control** that is possible is essential.
- Practice universal precautions, **sensitivity to the patient's needs**, and good self-care...





## Universal Precautions for Minimizing Behavioral Issues

- Always remember to **introduce yourself** and tell the patient why you are there.
- **Level of Stimulation**: Reduce level of stimulation on the unit and in the patient's room (Noise, # of people)
- **Physical Need States**: Monitor physical need (toileting, pain, soiled diaper/linens, etc.).
- **Eating and Sleep Patterns**: Check how well the patient is sleeping and eating. A hungry or fatigued patient is more likely to be agitated or emotional.
- **Briefly explain why**: Give patient feeling of control by calmly and simply explaining what you will be doing.
- Make sure you have the patient's **attention** when explaining something. **Sometimes** it helps for them to repeat it back to you.



# Managing Agitation

1. Limit number of people in the room to 1-2 people.
2. Talk to patient in **calm voice**. Use short, clear statements.
3. Give **simple directions**. Only one person at a time should talk to the patient.
4. Avoid open ended questions. Use **yes/no or multiple-choice** questions.
5. Keep environment around the patient **quiet**:
  - Limit TV to ~1 hour of calming/relaxing content
  - Keep music at low volume
  - Avoid loud conversations around the patient
  - Keep the number of visitors to a minimum and avoid having multiple conversations going on at once
  - Keep lighting dimmed



# Managing Agitation Cont....

6. **Do not argue** with the patient or engage in debate. Reasoning through a problem will not work just yet.
  - Instead, **redirect or distract** (i.e. avoid “No! You can’t do that! And replace with calm redirection “Lets try this instead”
7. **Do not joke with or laugh at the patient when they are engaged in inappropriate behavior (do not inadvertently reinforce the behavior). Do not joke or laugh outside of their room.**
8. Before touching the patient, **explain to him what you will be doing** (i.e. I am about to check your blood pressure” before proceeding)
9. If the patient is yelling, use a **calm voice** to redirect and encourage calm behavior.



# Managing Agitation Cont....

10. **Wait until agitation has lessened** before re-orienting the patient. Efforts made to correct the patient when agitated can sometimes escalate behavior!
11. Be mindful of your **body language**. Patients pick up on tension or defensiveness. Try to keep a relaxed, welcoming posture.
12. Offer **appropriate options** to the patient versus “telling him what to do” to help him maintain a sense of control (i.e. Would you like to do therapeutic activity A or B” instead of saying “no, don’t do that!”)
13. Provide **calming activities** on his down-time (writing/doodling, channel 3 “relaxation channel”, listening to music...).
14. Offer **immediate, tangible reinforcement** for performing desired behaviors: i.e. beverage, music, walk around unit.



## DO'S

- Talk to patient in calm voice in short statements.
- Keep the environment quiet, calm with low lighting.
- Mirror back the pts verbal desires so they know you hear and understand.
- Only one person at a time should talk to the patient.
- If the patient is yelling, use a calm voice to ask them to keep their voice down.
- Before touching the patient, explain in short sentences what you will be doing.
- If walking with the patient, allow them to guide the way (unless there is a safety issue)
- Distract patient onto another subject.
- Wait until agitation has lessened before re-orienting the patient. Efforts made to correct the patient when agitated can sometimes escalate behavior.
- Be mindful of your body language. Patients pick up on tension or defensiveness.
- Offer appropriate options to the patient versus “telling him what to do” to help him maintain a sense of control (i.e. “Would you like to do activity A or B” instead of saying “no, don’t do that!”)
- Offer calming activities (writing/doodling, “Relaxation Channel”, playing a game of cards...). The more they are distracted or preoccupied, the less opportunity there is to persevere on wanting to leave.
- Provide tasks with clear endings (“After I draw your blood you can take a nap”).



## Don'ts

- Avoid loud conversations/voices around the patient.
- Do not argue with the patient or engage in debate.
- Limit objects or situation that cause pt to escalate.
- Be aware of your own body language and nonverbal communication.
- When pt is agitated try to use staff familiar to the pt to interact.
- Dress defensively – no dangling earrings, badges, necklaces, etc...





## Basics

- Set clear limits
- Remain calm
- Redirect and defuse
- State what behaviors you want
- Clearly, calm communicate
- Acknowledge feelings of patient
- Allow patient some control in the situation





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Grey Alert!



# Successful Behavior Management

- **Keeps everyone safe**
- Increased sense of self-efficacy in the individual who has suffered a devastating injury and loss.
- Rehabilitation is all about learning – effective management helps patients learn positive skills for self-control and engagement in their own recovery.
- Potential for reduced use of medications.
- Build sense of hope for the future.