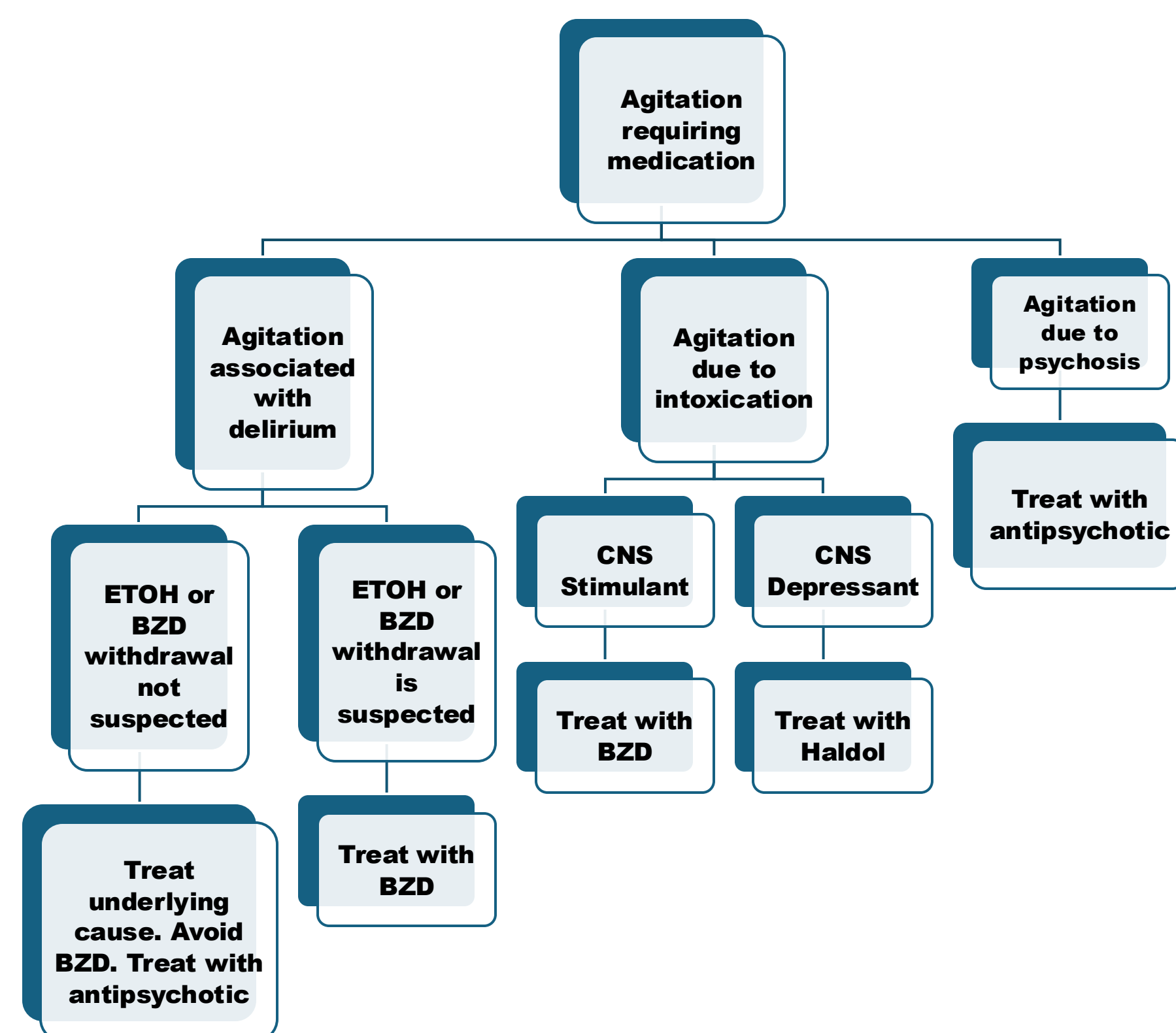


Background

- Assistance with management of agitation is a common psychiatric consultation
- A 2012 expert consensus, Project BETA, established a validated treatment algorithm for the management of agitation (Roppolo 2020)

Project AIM

To improve justification and documentation of physical restraint initiation and selection of appropriate pharmacologic treatment of agitation at a tertiary care safety net hospital through educational intervention



Methods

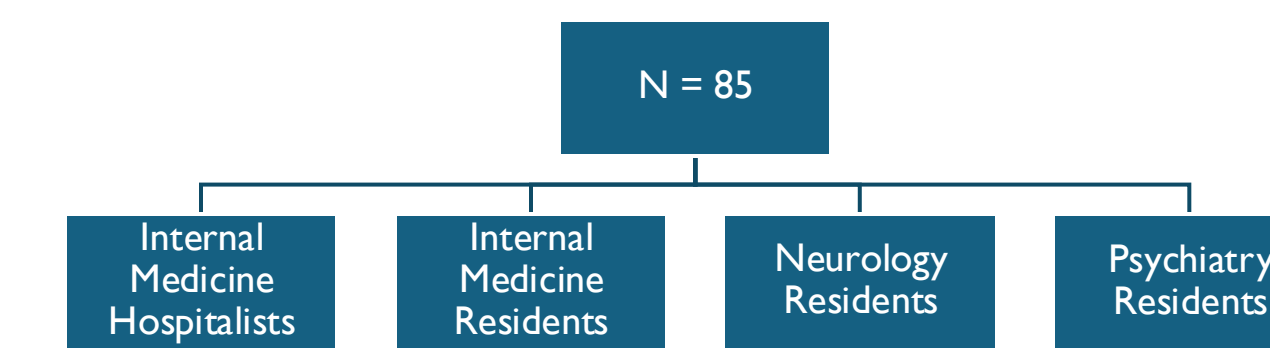
- A didactic presentation covering the appropriate management of agitation, including topics such as verbal de-escalation, pharmacologic management, and appropriate use of physical restraints, was created
- Residency programs and the internist hospitalist group were invited to receive the didactic
- Agitation management didactics were presented to participants over a period of 3 months
- A chart review was performed for patients placed into restraints at various 3-month periods
 - pre-, mid-, and post-didactic intervention

Outcome Measures

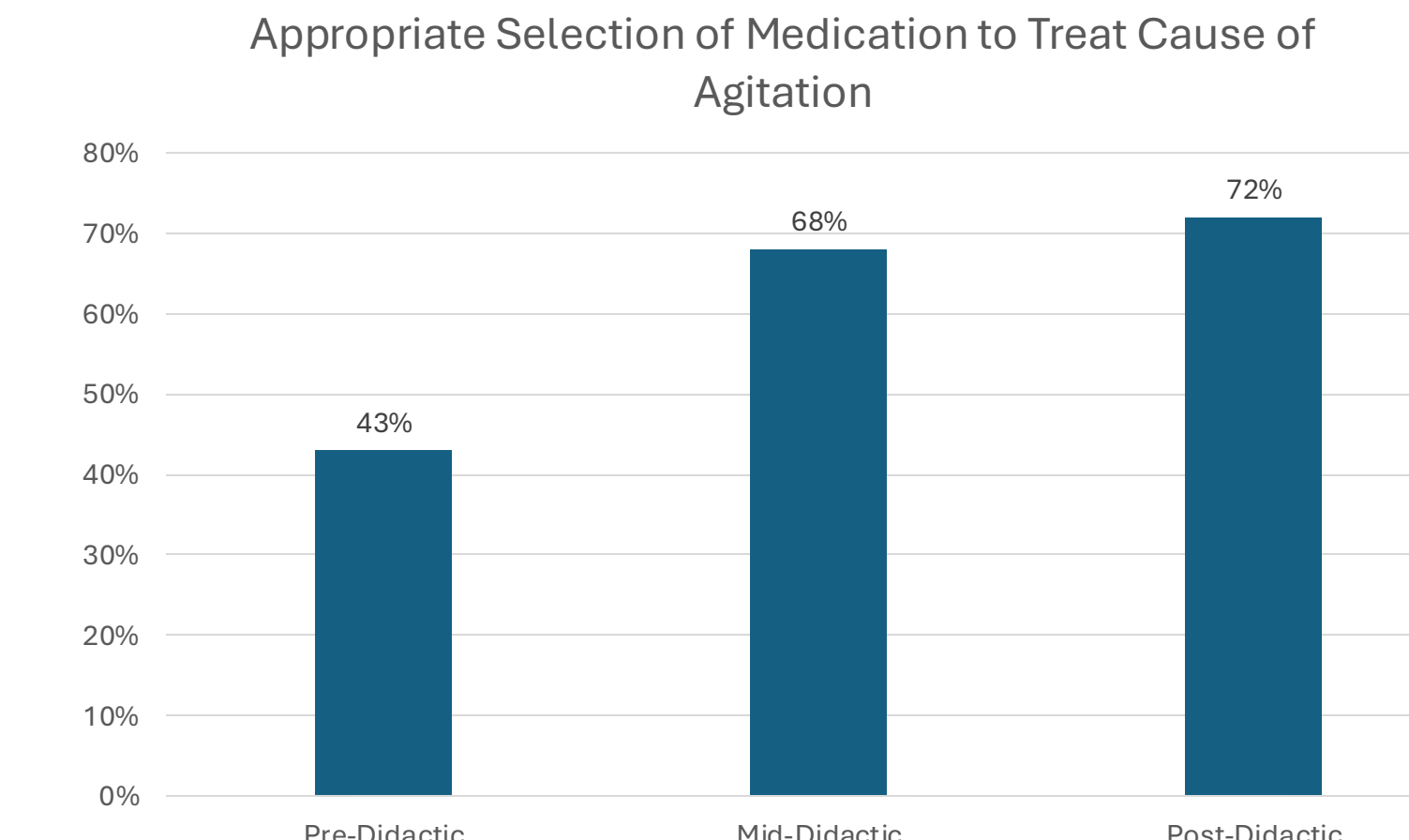
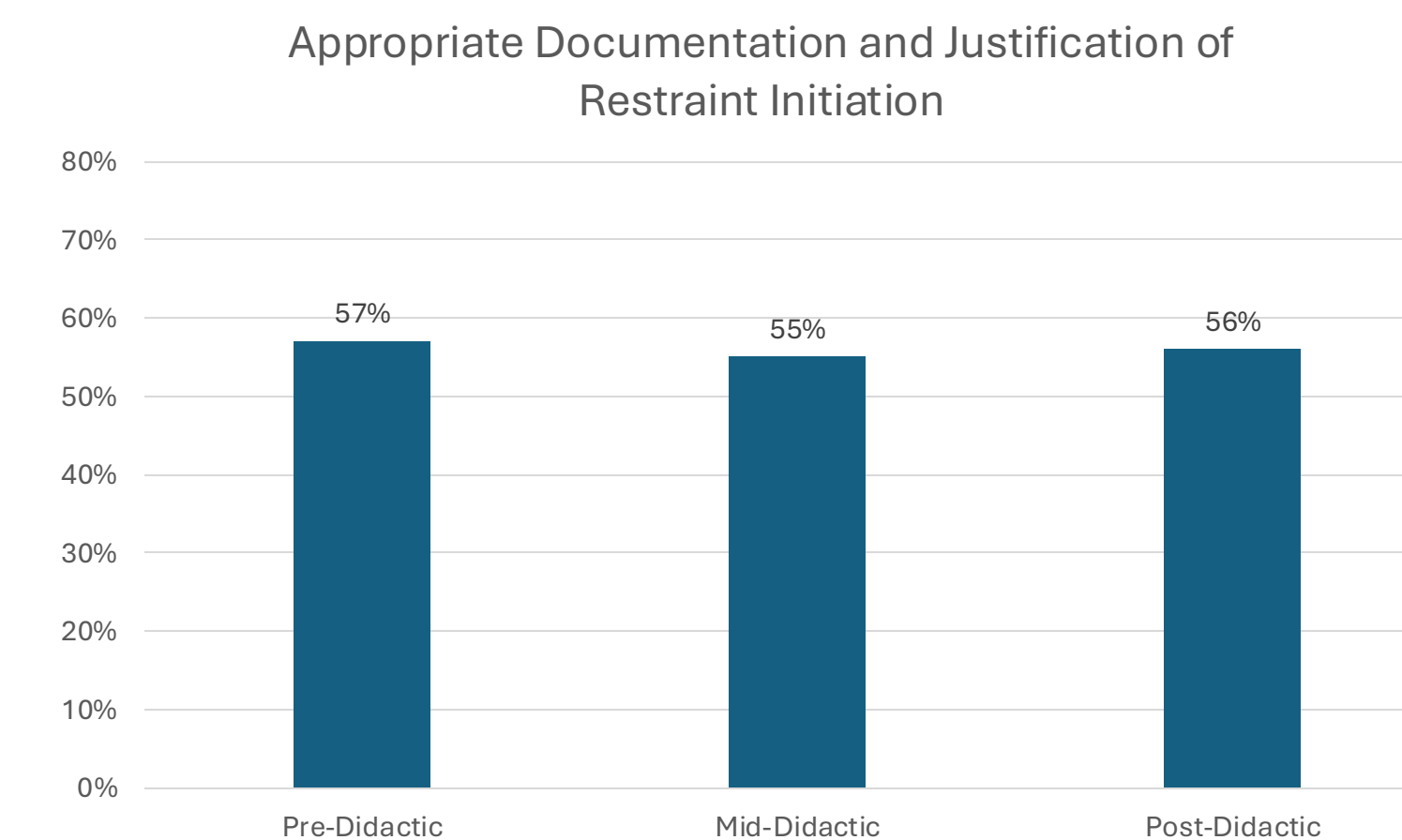
- Primary: appropriate documentation/justification for initiation of restraint orders
- Secondary: appropriate pharmacologic management of agitation, based on Project BETA guidelines

Results

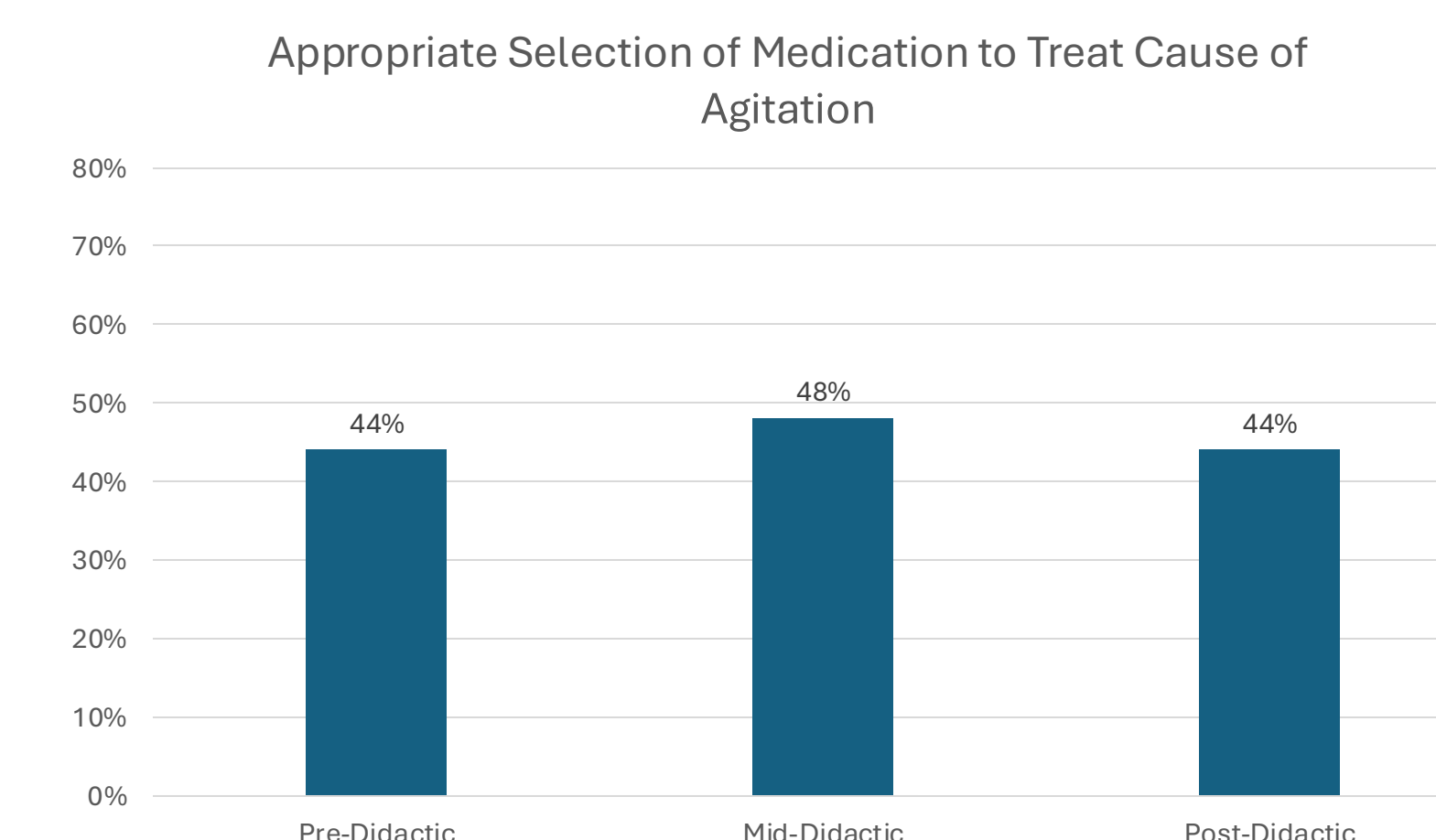
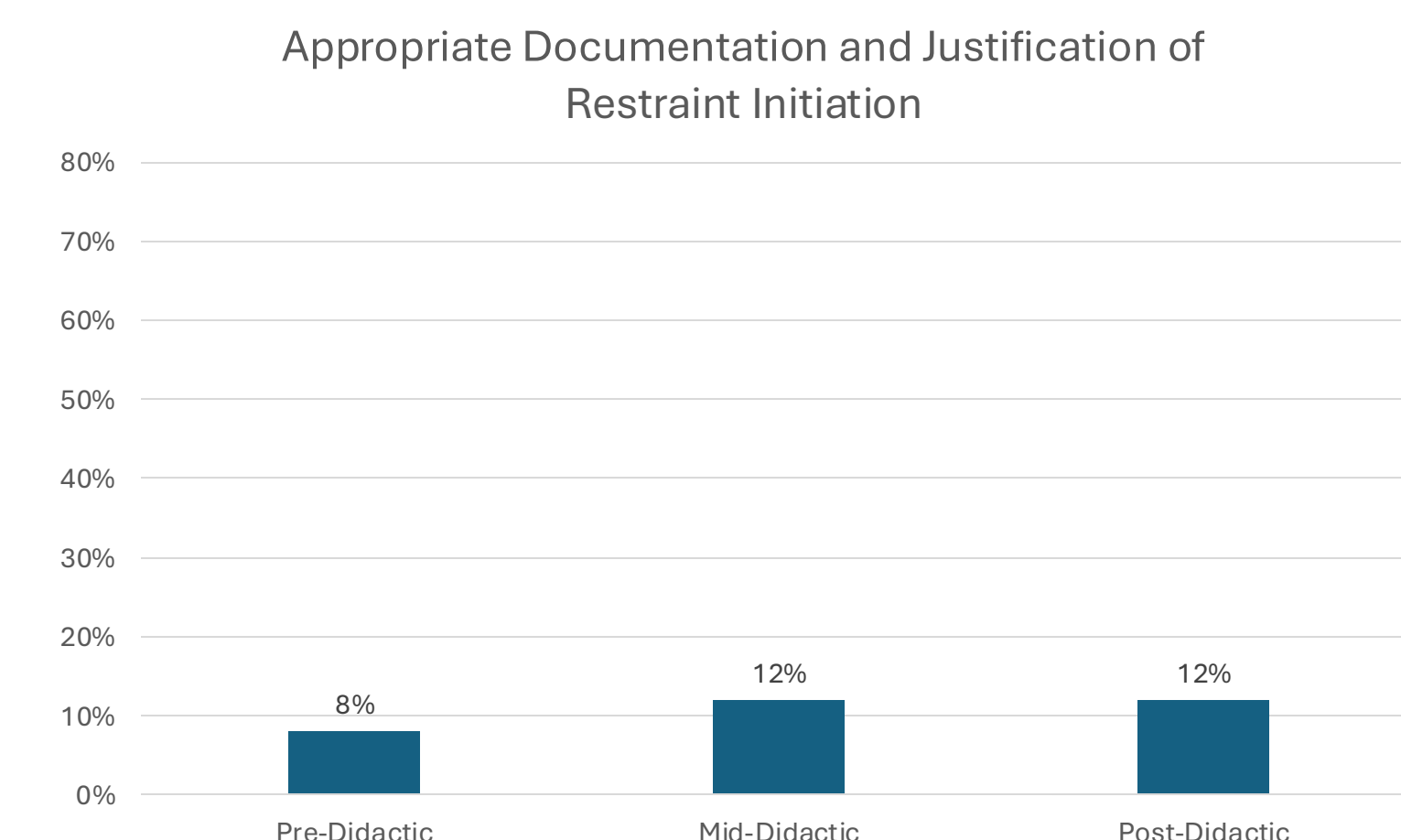
Chart Review				
	Violent Restraint Orders (reviewed all charts)		Non-Violent Restraint Orders (reviewed random selection of 25 charts)	
Pre-Didactic Intervention	7	Pre-Didactic Intervention	618	
Mid-Didactic Intervention	22	Mid-Didactic Intervention	687	
Post-Didactic Intervention	32	Post-Didactic Intervention	461	



Violent Restraints



Non-Violent Restraints



Discussion

- In general, compliance with documentation standards and appropriate selection of medications to treat agitation were greater for patients placed into violent restraints, compared to non-violent restraints
- Appropriate justification and documentation of restraint initiation occurs at quite low rates and did not improve with our intervention
- There was improvement in the appropriate selection of medication for the treatment of agitation for patients placed into violent restraints with our intervention

Future Directions

- Focus on non-violent restraints
- Focus on documentation/justification of physical restraints
- Expand to additional medical services

Conclusions

- This project exemplifies that importance of the CL psychiatrist's role as a liaison
- Educating primary teams about appropriate management of agitation is essential to maintaining patient safety