JAMES, 40, IS ADMITTED to the emergency department (ED) with a minor head injury. He has a history of drug abuse and violent behavior. During her initial patient assessment, Tina, a nursing student, asks James how he’s doing. Without making eye contact, he replies, “Fine, I guess.” After a hasty assessment, Tina leaves to check on another patient.

When Tina returns 10 minutes later, James is pacing, he’s talking louder and faster, and he seems extremely anxious. “It’s about time you showed up. I’m ready to climb the walls,” he says. “Is this how you treat all your patients?”

“I’m here to help you,” Tina replies defensively, as she turns and walks away. She doesn’t see his fists clenching and his rage building. Tina is stunned when James grabs her arm from behind.

How could she have handled this situation better? In this article, I’ll give you safety advice, outline risk factors for aggressive behavior, and discuss how to identify a potentially dangerous patient and respond if he’s about to lose control. First, let’s look at the dangers nurses face.

Nurses are at risk
Physical and verbal assault directed toward nurses is an unfortunate reality, with ED nurses being the most at risk. In a national survey, 100% of the ED nurses responding said they’d been verbally assaulted, and 83% had experienced physical assaults.1 Another survey was taken of intensive care unit, ED, and medical/surgical nurses in a 770-bed acute care medical center. Overall, a staggering 74% had been physically assaulted and 88% had been verbally assaulted at least once during a 1-year period. Nurses in this survey also expressed frustration and confusion about how to handle hostile patients.2

Physical assault can cause injuries ranging from bruises and lacerations to fractures and head injuries. Some nurses develop long-lasting emotional problems linked to their traumatic experiences, such as mental distress, tension, anxiety, burnout, and even posttraumatic stress disorder. Aggression toward nurses increases absenteeism and can drive nurses out of the nursing profession altogether.3

Because of these dangers, your first priority must be your own safety. If a patient seems hostile or threatening, immediately seek help from other staff members. Follow your facility’s policies and procedures. Most hospitals have a system in place for handling out-of-control patients or visitors that’s initiated by calling a specific code. A response team will arrive quickly and intervene appropriately. However, if you know which patients are at risk for becoming violent and recognize the early warning signs, you can take steps to defuse the situation before you’re in danger.

Risk factors for aggression
These medical and psychosocial factors increase the risk of patient aggression:

- being under the influence of alcohol or drugs or withdrawing from them
- hypoglycemia, acute febrile illness, epilepsy, and head trauma
- history of violence
- social isolation
- psychological disorders such as schizophrenia, bipolar disorder, dementia, depression, and delirium.4-6

If your patient has even one of these risk factors, be alert for the early signs of trouble brewing.

Tune in to anxious patients
Aggressive behavior typically escalates in three stages: anxiety, verbal aggression, and physical aggression.1 The stage determines the level of nursing intervention. If you can identify a patient in the anxiety stage, you may be able to keep the situation from escalating to verbal and physical aggression.

Common signs of anxiety include restlessness and agitation, as exhibited...
by the patient in the opening scenario. When you notice signs of anxiety, such as pacing or talking quickly or loudly, maintain eye contact and calmly say to the patient, “You seem anxious to me.” He might then open up and express his feelings. Don’t leave an anxious patient alone as Tina did, unless you feel physically threatened.

Besides your communication skills, also think about the patient’s clinical condition, especially any disorders that may be feeding his anxiety. If you know his medical history, you may be able to identify appropriate interventions, such as giving medication or checking blood glucose levels.

Emotional and physical stress from illness may also cause anxiety. Administering a sedative such as diazepam or lorazepam, as ordered, may be the best option in certain circumstances. For example, some hospitals have standing orders to give lorazepam to patients experiencing anxiety during alcohol withdrawal.

Dealing with verbal aggression

Examples of verbal aggression include profanity, threats, and sarcastic comments. Remain calm. Speak in a normal tone of voice, in an unhurried yet assertive manner. Try to identify the cause of the patient’s anger and encourage him to cooperate. You might say, “I could understand you better if you lowered your voice.” Or, “We can work together on this, but I need your help.” A calm yet assertive approach is a highly effective tool for decelerating patient aggression.

In contrast, becoming angry or defensive will only worsen the situation. For example, when James scolded Tina for taking too long to return, she immediately became defensive. A better response would have been, “I’m sorry I kept you waiting. What can I do for you, James?”

Physical aggression and assault

At this stage, the patient is out of control, and the best thing to do is to keep a safe distance and call for help. (See Safety tips.)

When a patient threatens to injure himself or others, he may need to be physically restrained. A physical restraint is any device that restricts freedom of movement, such as a vest and wrist or ankle restraints. Legally and ethically, physical restraints should be applied as a last resort and only for as long as needed. Always consider a less restrictive method first, such as talking to the patient, staying with him, or getting an order for a sedative. Clearly document the need for a restraint, and make sure you have a written order. Make sure you know your facility’s policy and procedure on restraint use and follow it. Using restraints inappropriately could open you to charges of battery.

In general, restraint policies contain these elements:

- Restraints aren’t for punishment.
- Restraints are used only to ensure the safety of the patient or others.
- Less restrictive interventions must prove to be ineffective before you can use restraints.
- Only physicians and other licensed independent practitioners (LIPs) can order restraints.
- If the treating physician isn’t the person who ordered the restraint, that person must be contacted immediately.
- A physician or other LIP must re-evaluate the need for restraints within 1 hour of restraining the patient.
- Orders for restraints are reordered by the LIP every 4 hours for adults, 2 hours for youth ages 9 to 17, and 1 hour for children under age 9. In extreme situations, a patient may be restrained before obtaining the order, which must be obtained from the LIP within 1 hour of initiating restraints or sedation.

Experience will help

Studies have shown that young or inexperienced nurses have a higher rate of being assaulted than experienced nurses. Attending aggression management workshops may be the best way for new nurses to learn how to handle aggressive patients. Workshops provide an excellent opportunity to role play and practice new skills, and research has proved their benefit. Not only will you begin to feel more confident in your ability to handle hostile patients, you may also gain empathy for the patients you once feared.

Knowing how to handle aggressive patients is a valuable skill you’ll probably need during your career. You and your patient will both be safer when you know how to manage his anger.

REFERENCES


Nicole Flores is a staff nurse in the medical/surgical unit at St. Francis Hospital in Federal Way, Wash.