I. POLICY

A. Definitions:

1. **Emergency Standing Orders (ESO):** Pre-established medical orders, approved by appropriate medical staff to be administered in the absence of a physician.

2. **Emergency Standing Order for Aggression:** These orders specify emergent treatment interventions only. The ESO for aggression is for patients exhibiting behaviors that pose an imminent danger to self or others at a time when there are no emergency medications ordered.

3. **ESO Competent Nurse:** Registered Nurses who are identified by Nursing Leadership and have successfully demonstrated the knowledge and skills in the identification and treatment of patients with aggressive behaviors.

4. **Aggression:** serious signs and symptoms related to escalating behaviors that pose an imminent danger to others.
   a. Agitation = Stages of loss of rationality, verbal and non-verbal cues indicating an impending loss of control. May include, but is not limited to a loss of rationality, verbal abuse, verbal belligerence, hostility, challenging staff members, physically threatening others, the institution and authority.
   b. Combative – A total loss of control, verbal aggression turns to physical assault, attempts to harm self, staff, other patients or family.

B. Circumstances under which a RN may initiate this ESO:

1. When there is an imminent danger of physical harm to self or others by a patient who has no physician’s order for medications on admission to the ICU.

2. **Setting:** ESO competent RNs may perform the ESO standardized procedure based on patient assessment and professional judgment within the psychiatric intensive care unit.

3. **Scope of Supervision:** The ESO standardized procedure will be instituted only in the absence of a physician and in accordance with the principles of non-violent crisis intervention.
C. RN Requirements

1. **Education/Training/Experience**
   Requirements for the performance of the ESO standardized procedure by RNs include:
   a. Successful completion of education module related to emergency medication administration for psychiatric nurses.
   b. Successful completion of non-violent crisis interventions and techniques (8 hour initial training and yearly refreshers).
   c. Demonstration of competency during a Code Green/Mock Code Green.

2. **Initial and Ongoing Competence Evaluation**
   Initial and ongoing competency evaluation of RNs authorized to perform ESO standardized procedure consists of:
   a. Successful completion of Annual non-violent crisis interventions training.
   b. Successful demonstration of the following skills:
      • identification of imminent danger to self or others,
      • emergency medication administration,
      • non-violent crisis interventions,
      • use of physical and chemical restraints,
      • safe application and release of mechanical restraints.

D. **RNs Authorized to Perform Standardized Procedure Function(s)**
   A roster of RNs authorized to perform the ESO standardized procedure for aggression will be updated at least on an annual basis and will be maintained in the psychiatric intensive care unit by the Manager at SMV. A copy will be sent to the Chief Nurse Officer.

II. **Protocol (Procedure)**

A. **Requirements to be followed**

   **General Procedure for management of aggressive behaviors that pose an imminent danger to self or others.**
   1. Assessment of the patient indicates that there is an imminent danger to self or others at the time of admission and prior to orders being obtained from Physician.
   2. Alternative de-escalation and crisis communication and interventions have not been successful.
   3. Screening for any medical problems and allergies, if known.
   4. Review patient’s medication regimen.
   5. If there are no PRN (as needed) medication orders available and there are no contraindications to providing medication for the patient’s psychiatric symptoms the following medications may be given:
      a. Haloperidol (Haldol) 5 mg Intramuscular
      b. Lorazepam (Ativan) 2 mg Intramuscular
   6. Vital signs are taken as soon as possible and periodically thereafter as clinically indicated.
   7. The physician will be notified of the initiation of the ESO as soon as possible.
   8. The Administrative Liaison will be notified and may attend if available.

III. **Documentation**

Paper copies of this document may not be current and should not be relied on for official purposes.

The current version is at [http://sharpnet/policies](http://sharpnet/policies)
Documentation in the patient’s Cerner EMR will be made by the RN performing the ESO standardized procedure.

1. Documentation elements include a description of the imminent danger to self or others posed by the patient.
2. The RN places an order in the Cerner EMR for the medications per ESO.
3. The medications that were administered are documented.
4. The patient’s response to the medications given is documented within one hour and as often as necessary.

III. Development and Approval

A. Method

The ESO standardized procedure will be developed and/or revised by the General Nursing Policy and Procedure Committee in collaboration with appropriate physicians and disciplines.

B. Review Schedule

The ESO standardized procedure will be reviewed and approved on at least an annual basis.

C. Required Approval(s)

The ESO standardized procedure shall be approved by the following approval bodies:

1. SMV Patient Care Leadership: - 09/11
2. SMV Pharmacy and Therapeutics Committee – 9/11
3. SMV Medical Executive Committee: 4/5/2011
4. SMV Committee on Interdisciplinary Practice 7/22/2011
5. General Nursing Policy and Procedure Committee: 10/11
6. System Policy and Procedure Committee: 09/11

IV. REFERENCES:


V. CROSS REFERENCES: None

VI. ATTACHMENTS: None

VII. REPLACES: None

VIII. HISTORY: System #32200.99; originally dtd 11/11
Reviewed/Revised: N/A