

Behavioral Escalation in the ED Clinical Pathway Synopsis

Objective of Clinical Pathway

The objective of the Behavioral Escalation in the ED Clinical Pathway is to provide a structured, evidence-based approach to managing children and adolescents who exhibit challenging or aggressive behaviors. These pathways are designed to ensure that healthcare providers follow consistent, safe, and effective strategies for de-escalation, diagnosis, and treatment while promoting a compassionate, patient-centered environment.

Background

Pediatric behavioral escalation presents significant challenges in the emergency department (ED).¹ Behavioral crises in children, marked by aggressive or disruptive actions, are becoming more common as mental health-related visits to the ED increase.² A substantial proportion of healthcare staff, particularly emergency nurses, have experienced incidents of verbal or physical abuse in these situations.³ In pediatric cases, mental health visits frequently escalate to a point of requiring interventions such as physical restraints, with 6% to 10% of these cases involving such measures.⁴ Implementing effective management strategies, including prevention, early identification of escalation, verbal de-escalation techniques, and timely behavioral interventions, is critical to maintaining a safe environment for patients and staff.⁴

Target Users

- Physicians (Emergency Medicine, Fellows, Resident Physicians)
- Nurse Practitioners
- Nurses
- Social Work
- Care Assistance

Target Population

Inclusion Criteria

- Patients presenting or developing the following behaviors
 - **Aggression** - Change in body language, argumentative or defensive, verbal or physical escalation
 - **Elopement** - Verbal request to leave, movement towards exit, physical attempt to leave
 - **Self-Harm Behavior** - Expressed thought to harm self/others, present injurious behaviors or plan, intent during care
 - **Threat to Harm Others** - Expressed thought to harm others, present plan or intent during care

Exclusion Criteria

- Any non-Children's Mercy Kansas City patients
 - Including parents and family members

These clinical pathways do not establish a standard of care to be followed in every case. It is recognized that each case is different, and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare a clinical pathway for each. Accordingly, these clinical pathways should guide care with the understanding that departures from them may be required at times.

Practice Recommendations

Please refer to the American Association for Emergency Psychiatry's Best Practices for Evaluation and Treatment of Agitated Children and Adolescents (BETA) for full practice recommendations, evaluation, and treatment recommendations.⁴

Additional Questions Posed by the Clinical Pathway Committee

No additional clinical questions beyond the scope of Emergency Psychiatry's consensus statement were posed for this review.

Updates from Previous Versions of the Clinical Pathway

- Renamed pathway from "Aggressive Patient in ED" to "Behavioral Escalation in the ED"
- Broadened scope to include not only aggression, but also concern for self-harm or elopement
- Removed the Behavioral Health Observation Tool and instead incorporated key points into the pathway itself
- Recategorized the level of aggression from mild/moderate/severe to immediate risk versus potential risk
- Added recommendations for keeping the patient care environment safe for patients and medical team members
- Highlighted behavioral strategies for de-escalation
- Added the use of seclusion as a recommended intervention
- Recommend pharmacologic treatment based on the source of behavioral escalation
- Expanded medication table, including dose, route, time of onset, and time of peak effect

Recommendations Specific to Children's Mercy

Children's Mercy adopted the majority of the practice recommendations made by the American Association for Emergency Psychiatry's Best Practices for Evaluation and Treatment of Agitated Children and Adolescents (BETA) for full practice recommendations, evaluation, and treatment recommendations.⁴

Variations/Additions include: No deviations were made from the practice recommendation paper, but logistical processes specific to Children's Mercy were added.

Order Sets:

- ED Behavioral Escalation EBP Pathway

Measures

- Use of the Behavioral Escalation Clinical Pathway

Value Implication

- Improved safety of patients
- Improved safety of medical team members
- Decreased need for physical restraints
- Decreased unwarranted variation in care

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Organizational Barriers and Facilitators**Potential Barriers**

- Variability in training in de-escalation strategies by medical team members
- Variability in resources based on location (availability of Safe Rooms)

Potential Facilitators

- Collaborative engagement across care continuum settings during clinical pathway development
- High rate of use of clinical pathways

Diversity/Equity/Inclusion

Our aim is to provide equitable care. These issues were discussed with the Committee, reviewed in the literature, and discussed prior to making any practice recommendations.

Clinical Pathway Preparation

This pathway was prepared by the Evidence Based Practice (EBP) Department in collaboration with the Behavioral Escalation Clinical Pathway Committee, composed of content experts at Children's Mercy Kansas City. If a conflict of interest is identified, the conflict will be disclosed next to the committee member's name.

Clinical Pathway Committee Members and Representation

- John Graham, MD | Emergency Department | Committee Co-Chair
- Dani Wentzel, DO | Developmental and Behavioral Health | Committee Co-Chair
- Christopher Kennedy, MD | Emergency Department | Committee Member
- Brandi Missel, ARNP | Emergency Department | Committee Member
- Alec Bernstein, PhD, BCBA-D, LBA | Developmental and Behavioral Health | Committee Member
- Ibad Siddiqi, PharmD | Pharmacy | Committee Member
- Emily Snow, LMSW, MHSA | Developmental and Behavioral Health | Committee Member
- Philip Lawler, MBA, CPP | Security/Transportation | Committee Member
- Katie Stangler, MSN, APRN, CPNP, CCRN | Emergency and Trauma Services | Committee Member
- Tanis Stewart, MSN, RN, FNP-BC, CPN | Kansas Emergency Department | Committee Member
- Erin Bass, LCSW, LSCSW | Social Work | Committee Member
- Kathryn Worland, MSW, LCSW, LSCSW | Social Work | Committee Member
- Kourtney Frederes, RN | Emergency Department | Committee Member
- Holly Reid, RN | Emergency Department | Committee Member
- Michele Smith, CNA | Emergency Department | Committee Member
- Sarah Nienhaus, MSN, RN, CPEN | Emergency Department | Committee Member
- Viktoriya Stoycheva, MHA, BSN, RN, CPN | Emergency Department | Committee Member

EBP Committee Members

- Kathleen Berg, MD, FAAP | Hospitalist, Evidence Based Practice
- Jarrod Dusin, MS, RD, LD, CPHQ | Evidence Based Practice

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Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Evidence Based Practice, Emergency Department, Developmental and Behavioral Health, and Social Work.

Conflict of Interest

The contributors to the Behavioral Escalation Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

Approval Process

- This pathway was reviewed and approved by the Behavioral Escalation in the ED Clinical Pathway Committee, Content Expert Departments/Divisions, and the EBP Department; after which, they were approved by the Medical Executive Committee.
- Pathways are reviewed and updated as necessary every 4 years within the EBP Department at CM. Content expert teams are involved with every review and update.

Review Requested

Department/Unit	Date Obtained
Emergency Department	February 2025
Developmental and Behavioral Health	October 2024
Security and Transportation	October 2024
Evidence Based Practice	October 2024
Pharmacy	October 2024
Social Work	October 2024

Version History

Date	Comments
7/23/2021	Version one – The pathway was developed to manage aggressive patients in the ED using a behavioral health observation tool (BHOT).
3/2025	Version two – Renamed from aggressive patients in the ED, BHOT removed, scope of patients expanded, treatment based on source of behavior, and medication table expanded.
3/2026	Version three - This update was not a full revision. Updated language and order set names due to hospital EMR change
9/2026	Version four – This update was not a full revision but allowed for additions to the exclusion criteria and highlighted that this pathway only applies to the Emergency Department at Adele Hall and CMK

Date for Next Review

- March 2029

Implementation & Follow-Up

- Education was provided to all stakeholders:
Nursing units where the clinical pathway is used

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Providers from the Emergency Department and Developmental and Behavioral Health

- Additional institution-wide announcements were made via email, hospital website, and relevant huddles.

Disclaimer

When evidence is lacking or inconclusive, care options are provided in the supporting documents and in the order set(s) and/or order panel(s) that accompany the clinical pathway.

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References

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2. Radhakrishnan L, Leeb RT, Bitsko RH, et al. Pediatric emergency department visits associated with mental health conditions before and during the COVID-19 pandemic. United States, January 2019 to January 2022. *MMWR Morb Mortal Wkly Rep*. 2022;71(8):319-324.
3. Benning L, Teepe GW, Kleinekort J, et al. Workplace violence against healthcare workers in the emergency department. A 10-year retrospective single-center cohort study. *Scand J Trauma Resusc Emerg Med*. 2024;32(1):88. doi:10.1186/s13049-024-01250-w
4. Gerson R, Malas N, Feuer V, Silver GH, Prasad R, Mroczkowski MM. Best practices for evaluation and treatment of agitated children and adolescents (BETA) in the emergency department. Consensus statement of the American Association for Emergency Psychiatry. *West J Emerg Med*. 2019;20(2):409-418. doi:10.5811/westjem.2019.1.41344

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