Slide 1

SOCIETY OF PEDIATRIC NURSES

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35th ANNUAL CONFERENCE

April 30 – May 2, 2025
Disneyland Hotel
Anaheim, CA

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Slide 2

SOCIETY OF PEDIATRIC NURSES

Behavioral & Mental Health Crisis Management

for Non-Psychiatric Facilities,
Michelle Knutson, DNP, RN, CPEN, & Meghan Drastal, MBA, MSN, RN, CPN

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Slide 3

Objectives

This presentation will equip participants with the knowledge and skills to:

Assessment & Policy	Conduct an organizational needs assessment and identify policies to address concerns.
Resource Teams	Develop and implement a Behavioral Emergency Response Team (BERT) or Behavioral Rounding Team.
Train & Support	Discuss strategies to provide bedside staff with knowledge and skills meet clinical needs.
Simulation	Build scenario-based learning applicable to individualized areas.

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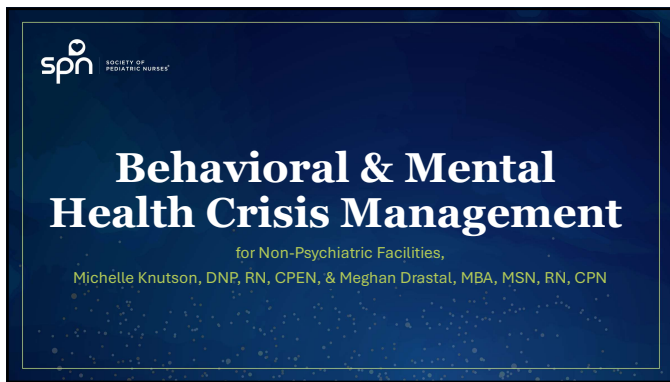## Agenda

Background
Organizational Assessment & Policy
Support Teams
Screening & Documentation
Resources & Environment
Training
Simulation Development
Q & A

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Background

THE CHALLENGE

Between 2009 and 2019, Emergency Department visits for patients under 18 have more than doubled for Mental and Behavioral Health needs.

Increase in acute agitation and aggressive behavior in pediatric patients resulting in violent behavior involving staff.

(Hoffman et al., 2024)

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Background

NURSING IMPLICATION

Non-psychiatric nursing staff feel that they don't have sufficient training or resources to care for behavioral and mental health patients on inpatient, non-psychiatric units.

(Van Orne, 2024)

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What is your experience with this?

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Layered Approach

1:1 Safety checklist

Agitation scoring tools

Behavioral Health Rounding Team

Safety PPE cart

Behavioral Emergency Response Team

Documentation

Assessment/Coping plan
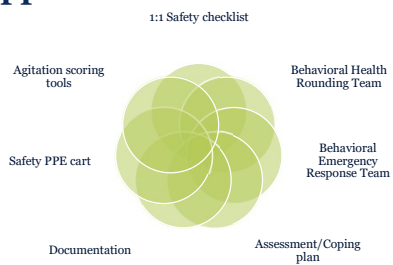
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What are YOUR Challenges in managing behavioral health patients?

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Assessment & Infrastructure

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Conducting a Needs Assessment

Incident Review & Risk Analysis

Resource Mapping

Engaging Stakeholders

Children's Hospital Los Angeles. (2025). BERT Dashboard

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Leadership Commitment

Budget & Resource Allocation

Interdisciplinary Oversight

Clear Accountability

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Policies & Procedures

1:1 Observation Policies

Zero-Tolerance for Workplace Violence

Restraint Use

BERT Policy and procedure

Include **ALL** areas

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Metrics

DIRECT	INDIRECT
Restraint Use	Turnover
Staff Injury	Compliance
Days Away Restricted Transfer (DART)	Patient/family engagement
	Staff training

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Safety & Behavioral Health

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Support Teams

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BERT Planning

Behavioral Emergency Response Team (BERT)

Team Composition
- Psych/MH nurse, House Supervisor, Security, Social worker, Child Life specialist, Provider

Activation Process
- Modeled after medical rapid responses

BERT Function

Post-Event Debrief

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BERT Implementation

- Assessment
- Define Team
- Develop Goals
- Create Policy/Protocol
- Design Training
- Implement
- Track Metrics
- Support

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BERT Process

- Early Intervention
- Verbal De-escalation
- Trauma-Informed Care
- Cultural Humility
- Environment & Triggers
- Family Centered Care
- Documentation

Safety — Family Centered Care, Verbal De-escalation, Trauma-Informed Care, Reporting

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Behavioral Health Rounding Team

Goals

- Proactive safety
- In person support and education

Team Composition

- Multidisciplinary
- Standing vs As Needed

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Behavioral Health Rounding Team

Rounding Protocol

- M, W, F
- Rounding criteria
- Proactive planning
- Care Coordination
- Documentation

ChatGPT. (2025). Rounding Team in Hospital [AI Generated Image].

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Assessment & Documentation

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Aggression Screening

- Behavioral Situational Awareness
- EMR Flagging
- Screening Tools
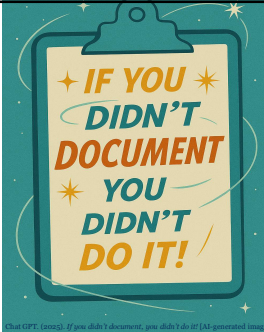
ChatGPT. (2025). *Nurse documenting* [AI-generated image]

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Coping and Support Plan

Multidisciplinary document to communicate:
- Triggers
- Coping strategies
- PRN lines
- Escalation plan
- High risk considerations

IF YOU DIDN'T DOCUMENT YOU DIDN'T DO IT!

ChatGPT. (2025). *If you didn't document, you didn't do it!* [AI-generated image]

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Behavioral Health Safe Activity Guidelines
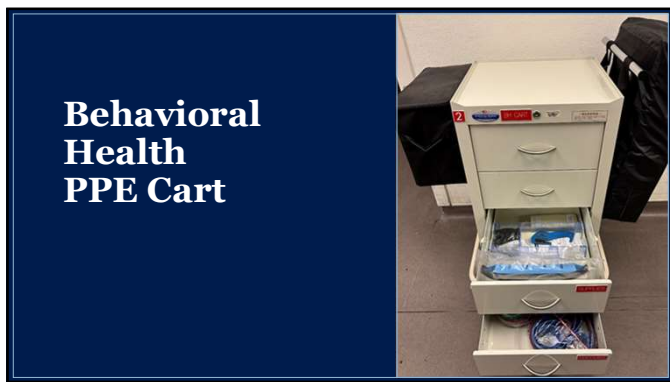
Tier 1, 2, 3, & restricted items

Follow a "1 in, 1 out" approach to limit patient access to unneeded items.

All items should be accounted going in and coming out

Nursing can restrict items based on clinical judgment

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Resources & Environment

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Behavioral Health PPE Cart
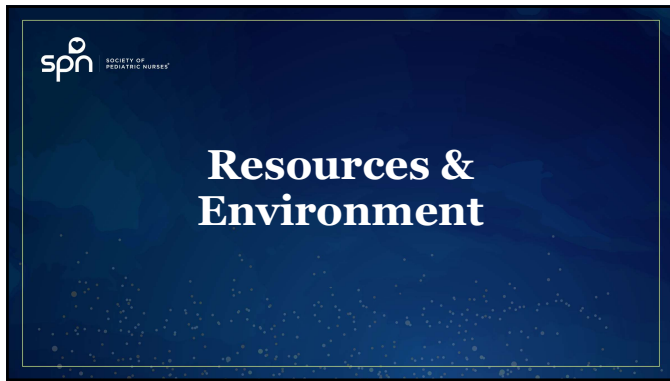
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Behavioral Health PJs & Slippers

- Anti ligature
- Durable seams & hems
- Variety of sizes

Chat GPT. (2025). *Generic anti-ligature pajamas and slippers* [AI-generated images]

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Room & Safety Modifications

Standard Risk Room Modifications

- Ligature risks
- Suffocation risks
- Medical equipment not being used
- Ingestion risk
- Potential weapons

High-risk Modifications

- Security standby
- 2:1 or RN observation
- Personal protection (no lanyards, tie hair back)
- Further room modifications

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Patient Safety Checklist

- Room & safety modifications
- BSA
- Tier 1 Safe Activity Guidelines
- Skin and safety assessment
- BH PJs and slippers
- Inspect undergarments
- Itemize and secure belongings

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1:1 Observation Practices

1:1 SAFETY OBSERVATION

SITTER POLICY

STANDARDIZED 1:1 SITTER CHECKLIST

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1:1 Observation Policy

- 👁 **Continuous Observation**
- 🩺 **Patient Engagement**
- 📋 **Behavior Monitoring**
- ☕ **Sitter Breaks**
- 📄 **Documentation**
- 💬 **Handoff Communication**

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Training

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Education: Tiered Approach

- Skills
- Behavioral Health
- Mental Health
- De-escalation Training

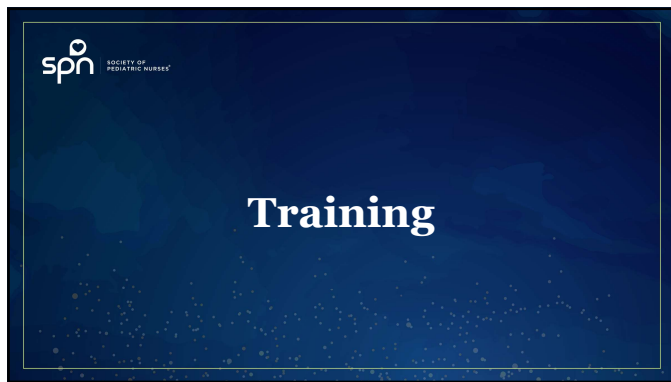imagine THE POSSIBILITIES · 35th · April 30, 2025 – May 2, 2025 · Disneyland Hotel · spn

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Training the Teams

Why Training Matters

- Role-Specific Training

- Training Modalities

- Supportive Environment

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Simulation Development

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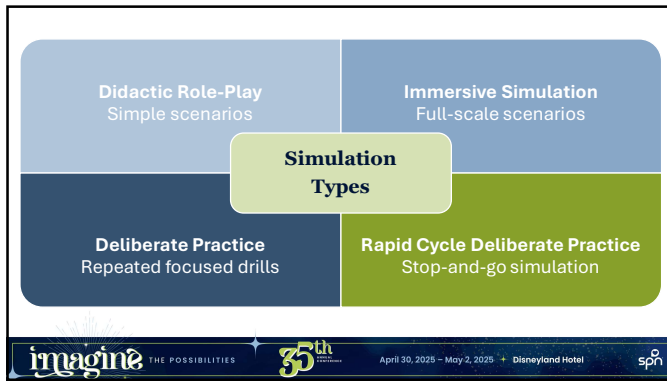
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Simulation for Behavioral Crisis

Why Simulation?

High-risk, low-frequency events like pediatric behavioral crises are ideal for simulation training – practice without harm
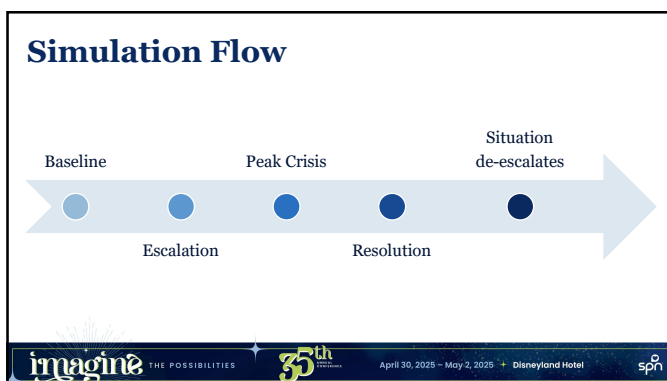
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Simulation Practice

Planning

Choose a scenario

Define learning objectives

Outline the scenario flow

Assign roles

Use tools and checklists

Debrief plan

Chat GPT. (2025). *Simulation in pediatric hospital* [AI-generated image]

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Simulation Flow

Baseline   Peak Crisis   Situation de-escalates

Escalation   Resolution

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Debrief plan

- **Plus-Delta**

- **PEARLS**

Debrief Questions:
- Ask participants to provide a recap
- Highlight key learning points
- Discuss emotional responses

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Example Scenario

"A 15-year-old female admitted after a suicide attempt is on the pediatric unit awaiting psych placement. Her mother steps out to talk to a doctor, and during that time, the patient becomes increasingly anxious and tries to leave the unit to find her mom. She starts yelling and pounding on the door."

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Objectives

- Nurse uses verbal de-escalation to keep the girl safe

- Call BERT if she escalates to trying to self-harm or elope

- Maintain a calm environment and involve the parent appropriately once available
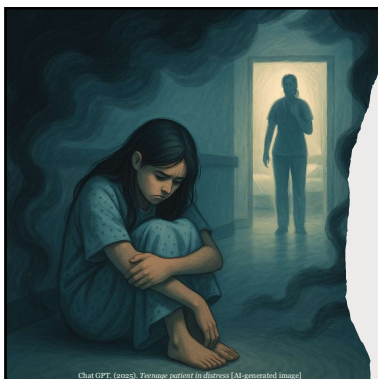
Chat GPT. (2025). *Teenage patient in distress* [AI-generated image]
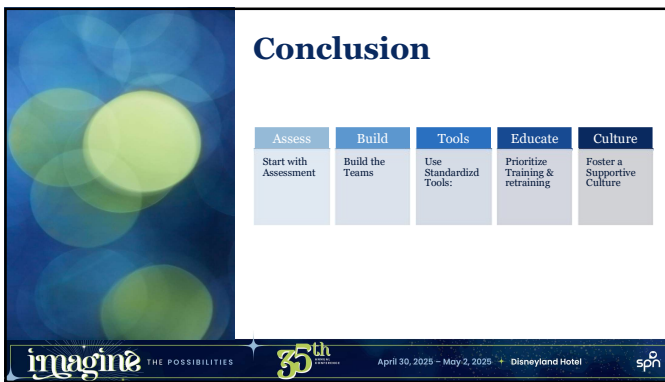
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Breakout Simulation Design

- **Choose a Scenario:** e.g., school-age child with developmental delay becoming self-injurious; teen with psychosis attempting to elope.

- **Define Objectives:** What skills or protocols do you want to practice?

- **Scenario Outline:** Detail the setting, triggers for escalation, and how the scenario should progress.

- **Roles & Team:** Which roles are needed.

- **Incorporate Tools:** Decide which tools/checklists to include

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Conclusion

Assess	Build	Tools	Educate	Culture
Start with Assessment	Build the Teams	Use Standardizd Tools:	Prioritize Training & retraining	Foster a Supportive Culture

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Questions?

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