

Medical Control Guideline: COMMON ETIOLOGIES OF AGITATION, FIELD PRESENTATION, LIKELIHOOD VERBAL DE-ESCALATION **Ref. No. 1307.3**

	Etiology / Cause	General Description or Examples*	Candidate for Verbal De-escalation?
1	Autism spectrum disorder*	History of such provided by bystanders/collaterals; repetitive behaviors, odd or highly limited or immature speech, awkward social interaction / communication, inflexibility of being out of a routine, hypersensitive to external stimulation.	Yes. High likelihood of success; use extensively
2	Intellectual disability*	Varied presentation, may have childlike speech and demeanor, may have caretakers despite being an adult, some intellectual disabilities co-occur with reliable physical findings / stigmata (e.g., Down syndrome).	Yes. High likelihood of success; use extensively
3	Emotional dysregulation	Can occur with many conditions such as bipolar disorder, depression, dementia, autism, or acute stress or trauma. Free from altered mental status; highly emotional, potentially angry, frightened, or stressed beyond ability to cope.	Yes. High likelihood of success; use extensively
4	Intoxication - Alcohol	Odor of alcoholic beverage, unstable gait / balance, slurred speech, family/bystander report of alcohol ingestion, emotional swings, relatively acute onset	Consider a short trial
5	Intoxication - stimulants / amphetamines	Tachycardia, mydriasis, hypertension, psychosis, delusions or paranoia, hallucinations, sleeplessness, hyperactivity, or drug paraphernalia found on scene	Consider a short trial
6	Traumatic brain injury	Physical findings or history consistent with trauma, other findings of injury, repetitive questions, grogginess or confusion.	Consider a short trial
7	Seizure / post-ictus	Oral trauma, bladder or bowel incontinence, altered mental status, may improve over time without intervention	Consider a short trial
8	Cerebral Vascular Accident (CVA)	Acute onset, loss of speech, pupillary changes, hemiparesis, confusion, known risk factors for CVA, hypertension	Consider a short trial
9	Dementia*	Typically found in older age patients, impaired memory (especially short-term memory), impaired ability to make plans or carry out tasks.	Consider a short trial
10	Psychosis*	Paranoia, delusions, hallucinations, disorganized speech or behaviors, typically free from altered mental status	Consider, may be highly effective in certain cases
11	Acute Mania (Bipolar Disorder)*	Exhibiting euphoric mood or irritability, elevated sense of oneself / grandiosity, rapid speech, impulsive and risky behaviors or decision making	Consider, may be highly effective in certain cases
12	Instrumental Violence	Agitation used as a tool for achieving a goal; no confusion or underlying medical or psychiatric cause, be aware of persons engaged in potential criminal behavior or in police custody	Consider a short trial; involve law enforcement
13	Delirium*	Altered mental status and agitation with waxing and waning course; confusion; poor attention; may be disoriented	Consider potential causes, refer to protocol (TP 1229); if verbal de-escalation ineffective, consider medication administration (TP 1209)
14	Agitated Delirium*	Highly agitated, impervious to pain, unresponsive to verbal commands, unusual superhuman strength / lack of fatiguing, often sheds clothing due to hyperthermia, diaphoretic, combative	No, pharmacologic management and early intervention important. See TP 1208
15	Hypoxia	Altered mental status, changes in skin color, low pulse oximetry readings, respiratory distress	No, treat underlying cause
16	Hypoglycemia	Diaphoresis, pale pallor, confusion, ataxia, declining mental status	No, treat underlying cause