Behavior De-escalation (ERNI), On Campus

Last Updated: 07/28/26

INCLUSION CRITERIA

Minors > 2 years of age that display acute anxiety/agitation **OR** any Nemours patient

EXCLUSION CRITERIA

- Age ≤ 2 years old
- Active trauma or immediate life threatening event
- Medical management of delirium (including post anesthesia emergence or substance induced delirium)
- Non-patient adults
- BERT in the last 24 hours

MEASURES

- Percent of visits that had an ERNI called that have documented de-escalation attempts
- Percent of ERNI calls that are successful

ONE VOICE TECHNIQUE

- Used to minimize the number of people talking at once
- One person is designated to communicate with the patient to avoid confusion or overwhelming them

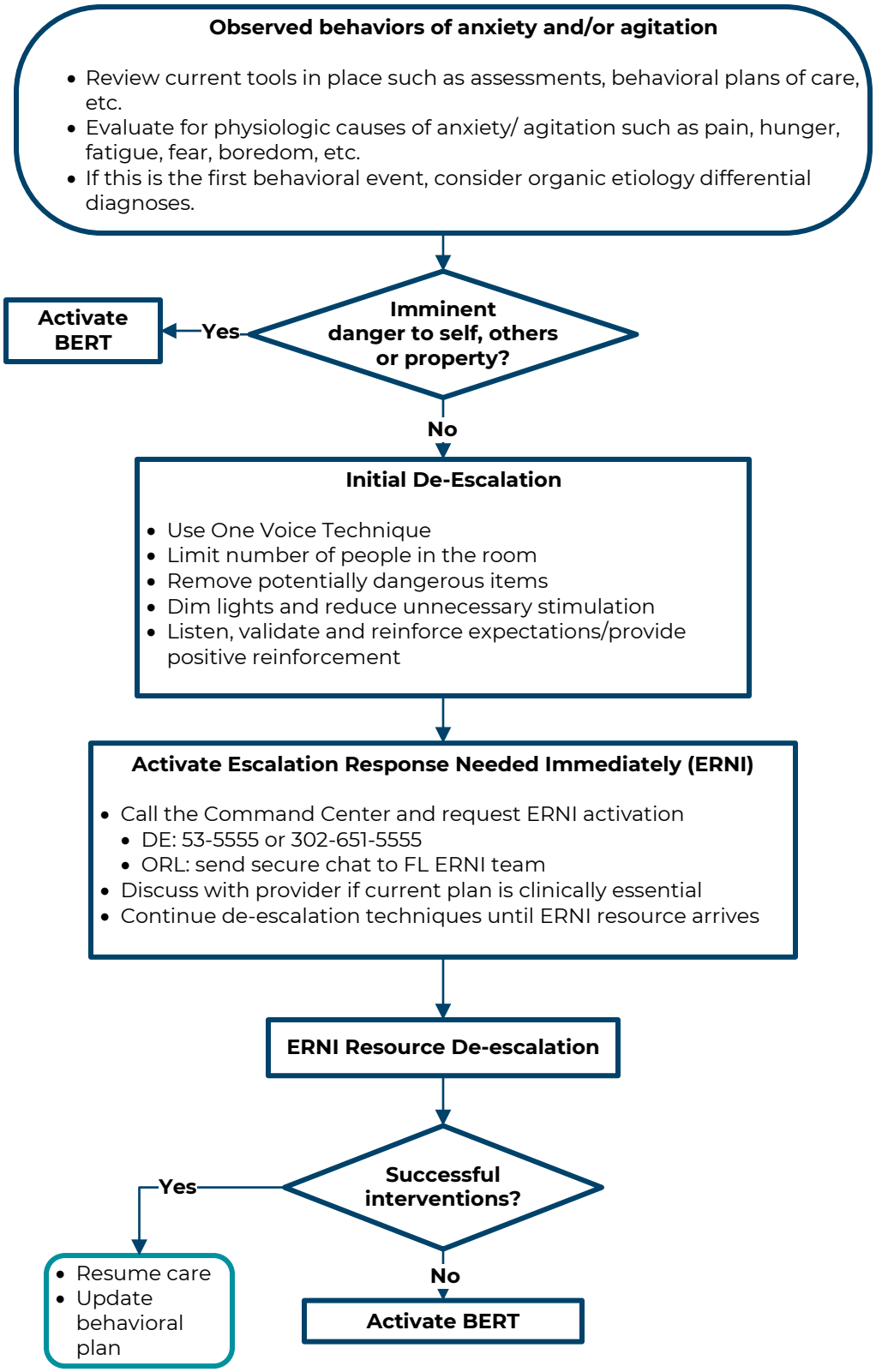
EARLY SIGNS OF ESCALATION

(variance from baseline)

- Movements: Rocking, abrupt movements, pacing, hiding, increased tics or self stimulatory behaviors
- Language: self-deprecating remarks, mumbling, talking to self, repetitive questioning, arguing
- Physiologic: tachycardia, tachypnea

ASSOCIATE PERSONAL SAFETY MEASURES

- Position yourself between patient and the door
- Pull back long hair
- Wear long sleeves if possible
- Remove dangling earrings, lanyards, necklaces
- Environment of Care Checklist



ERNI ACTIVATION GUIDE FOR DELAWARE CAMPUS

NEMOURS CHILDREN'S HEALTH

ERNI - Escalation Response Needed Immediately

1. Call Command Center
2. Request Security to activate ERNI
3. Everbridge text message is sent to responders
4. If no response in 5 minutes, call to activate code BERT
5. If behaviors continue to escalate, you can call a code BERT at any time

- Version 1.0 (10/25/2023): Go Live.
- Version 2.0 (7/28/2026): Look back review completed.

Questions about this pathway should be directed to **clinicalpathways@nemours.org**.

AUTHORS & REFERENCES

Central Florida Authors: Todd Glass (Emergency Medicine), Cara Harwell (Emergency Medicine), Mary Beth Henry (Ambulatory Nursing), Kristen Hoffmann (Clinical Pathways), Aaron D. Osgood (Emergency Department), Jeffrey Tylman (Physical Security), Ryan Brogan (Hospital Medicine), Kamal Chavda (Emergency Medicine), Nicole Johnson (Nursing Administration), Alex Lopalito (Pharmacy), Sandra Williams (Emergency Medicine)

Delaware Valley Authors: Hilary Bruno (Child Life); Emily Jackson (Social Work), Mary King (Nursing Supervision), Avram Mack (Psychiatry), Collin Miller (Clinical Pathways), Ariana Phillips (Clinical Pathways), Jenna Tate (Ambulatory Nursing), Michelle Wagner (Nursing Administration), Michael Zenorini (Security), Roberto Ortiz-Aguayo (Psychiatry), James Blaney (Emergency Nursing), Jennifer Cooper (Emergency Nursing), Monique Devens (Emergency Medicine), Emily Fingado (Hospital Medicine), Elizabeth Johnson-Salerno (Nursing Administration), Courtney Nelson (Emergency Medicine), Daniel Sahm (Hospital Medicine), David Procaccini (Pharmacy)

- Christensen SS, Lassche M, Banks D, Smith G, Inzunza TM. Reducing Patient Aggression Through a Nonviolent Patient De-escalation Program: A Descriptive Quality Improvement Process. Worldviews Evid Based Nurs. 2022;19(4):297-305. doi:10.1111/wvn.12540
- Chun TH, Katz ER, Duffy SJ, Gerson RS. Challenges of managing pediatric mental health crises in the emergency department. Child Adolesc Psychiatr Clin N Am. 2015;24(1):21-40. doi:10.1016/j.chc.2014.09.003
- Cole JB, Klein LR, Strobel AM, Blanchard SR, Nahum R, Martel ML. The use, safety, and efficacy of olanzapine in a level I pediatric trauma center emergency department over a 10-year period. Pediatr Emerg Care. 2020;36(2):70-76.
- Foster AA, Porter JJ, Monuteaux MC, Hoffmann JA, Hudgins JD. Pharmacologic Restraint Use During Mental Health Visits in Pediatric Emergency Departments. J Pediatr. 2021;236:276-283.e2. doi:10.1016/j.jpeds.2021.03.027
- 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 [published correction appears in West J Emerg Med. 2019 May;20(3):537] [published correction appears in West J Emerg Med. 2019 Jul;20(4):688-689]. West J Emerg Med. 2019;20(2):409-418. doi:10.5811/westjem.2019.1.41344
- Hilt RJ, Woodward TA. Agitation treatment for pediatric emergency patients. J Am Acad Child Adolesc Psychiatry. 2008;47(2):132-138.
- Jenkins M, Barrett MC, Frey T, Bouvay K, Barzman D, Kurowski EM. Adherence with an Acute Agitation Algorithm and Subsequent Restraint Use. Psychiatr Q. 2021;92(3):851-862. doi:10.1007/s11126-020-09860-0
- Joyce C, Witcher R, Herrup E, et al. Evaluation of the Safety of Quetiapine in Treating Delirium in Critically Ill Children: A Retrospective Review. J Child Adolesc Psychopharmacol. 2015;25(9):666-670. doi:10.1089/cap.2015.0093
- Khan SS, Mican LM. A naturalistic evaluation of intramuscular ziprasidone versus intramuscular olanzapine for the management of acute agitation and aggression in children and adolescents. J Child Adolesc Psychopharmacol. 2006;16(6):671-677.
- Kim HK, Leonard JB, Corwell BN, Connors NJ. Safety and efficacy of pharmacologic agents used for rapid tranquilization of emergency department patients with acute agitation or excited delirium. Expert Opin Drug Saf. 2021;20(2):123-138. doi:10.1080/14740338.2021.1865911
- Manuel MM, Feng SY, Yen K, Patel F. The agitated pediatric patient located in the emergency department: The APPLIED observational study. J Am Coll Emerg Physicians Open. 2022;3(3):e12766. Published 2022 Jun 20. doi:10.1002/emp2.12766
- Roppolo LP, Morris DW, Khan F, et al. Improving the management of acutely agitated patients in the emergency department through implementation of Project BETA (Best Practices in the Evaluation and Treatment of Agitation). J Am Coll Emerg Physicians Open. 2020;1(5):898-907. Published 2020 Jul 3. doi:10.1002/emp2.12138
- Sandoval S, Goyal A, Frawley J, et al. Prehospital Use of Ketamine versus Benzodiazepines for Sedation among Pediatric Patients with Behavioral Emergencies [published online ahead of print, 2023 Jan 20]. Prehosp Emerg Care. 2023;1-7. doi:10.1080/10903127.2022.2163326