CLINICAL TEAMS

Agitation or distress: look for the unmet need

Help teams respond safely and compassionately to agitation or distress by finding causes, reducing threat and using non-drug approaches first where possible.

Pause and make the situation safer

- Check for immediate danger, acute physiological deterioration or a time-critical cause.
- Reduce noise and crowding, give the person space and ask one calm team member to lead communication.
- Avoid sudden touch or complex demands; explain before approaching or providing care.

Search for what the person may be expressing

- Assess pain, thirst, hunger, urinary retention, constipation, discomfort, fear and sleep disruption.
- Review hypoxia, infection or other acute illness, medicine effects and possible withdrawal.
- Consider hallucinations, misinterpretation, communication barriers, sensory impairment and an unfamiliar environment.

De-escalate in a person-centred way

- Validate the emotion even when the belief is not shared: acknowledge that the person appears frightened or upset.
- Use simple choices, reassurance, familiar routines and a trusted family member or carer where helpful.
- Offer a quieter space, purposeful activity or supported movement when clinically safe.

Review, communicate and escalate

- Document antecedents, likely unmet needs, what was tried and what helped or worsened the situation.
- Share an agreed approach across the team so the person does not face repeated conflicting responses.
- Arrange clinical review if distress persists, recurs or compromises safe care.

Safety box - medication is not the first response to a solvable need: Non-drug de-escalation and treatment of causes should be tried first where possible. A medicine decision requires an appropriately qualified prescriber and an individual risk-benefit assessment. Any restrictive practice must be necessary, proportionate, lawful, time-limited and documented; address capacity, consent or best-interests requirements under applicable law and policy, review continuously and stop at the earliest opportunity. If haloperidol is considered for an older person, apply current MHRA cautions and contraindications. Use the emergency response for immediate danger or severe clinical deterioration.

Verified official sources

- NICE CG103: distress and de-escalation recommendations
- SIGN 157 on Right Decisions: non-pharmacological treatment
- SIGN 157 on Right Decisions: agitation, distress and pharmacological treatment
- MHRA: haloperidol risks in older people treated for acute delirium
- NHS: sudden confusion
- NHS inform: delirium

Use and review: UK-focused general education. This resource supports but does not replace clinical assessment, individual advice or current local guidance. Prepared from source materials curated by Professor Alasdair MacLullich, University of Edinburgh; AI-assisted production. Professor MacLullich led development of the 4AT and reports no financial interest in its uptake. Final named human clinical approval is required before use in patient care. Independent resource; not an official University of Edinburgh or NHS publication.