

Collaborative De-escalation guidance for Behavioral Emergencies in persons with Dementia

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Guidance for first responders, family and professional caregivers.

REACH acronym (I have added the description to help with de-escalation) – Florida State University School of Medicine Department of Geriatrics: <https://reach.med.fsu.edu/be-prepared-for-emergent-situations-involving-persons-with-dementia/>

R – Risk perception (assess risk of the person with dementia injuring themselves or harming others)

E – Establish trust (includes keeping personal energy calm and friendly, do not challenge what they believe is true)

A – Assess immediate needs (includes providing information and handouts on community resources to family caregivers)

C – Calm environment (includes reducing distractions or stressors, turning off TV, interacting in as calm and quiet environment as is feasible)

H – Healthy partnership (collaboration with the person having dementia and their family members; this includes getting the person with dementia to an Emergency Department for assessment)

The same website has a 4-minute video for first responders to address falls and wandering.

Examples of common behavioral emergencies: suicidal behaviors, violent behaviors, physical aggression towards family members or others, severe agitation combined with high risk of falls, involvement of guns.

Five most common causes of behavioral emergencies:

- Delirium
- Psychotic symptoms
- Pain
- Medication adverse effects
- Alcohol and or cannabis intake

Namaste