

Caring for Patients with Anxiety

Anxiety is a normal emotional and physiological response to uncomfortable, novel or frightening situations. During an emergency department (ED) visit, anxiety can be experienced by any child or adolescent as well as by their caregivers. It may be the primary reason for the visit or develop during assessments, procedures, or investigations.

How individuals experience anxiety during an ED visit can vary. Approaches to recognize, assess and manage anxiety need to be patient- and family-centred.¹

For an Acutely Agitated Patient Refer to [TREKK's Care of the Agitated Patient Algorithm](#).

Recognition

Anxious patients can exhibit a range of emotional and physical complaints.

Examples of Anxiety in a Pediatric Patient or their Caregiver		
	What they may describe	What you might observe
Physical	Abdominal pain or nausea Shortness of breath Palpitations or chest pain	Restlessness (e.g., fidgeting, unable to sit still, repetitive movements) Hyperventilation
Emotional	Feeling afraid or worried Feeling stressed	Easily startled or upset Irritability and/or anger
Cognitive	Difficulty paying attention to or following instructions	Perceptual distortions (e.g., misunderstanding what is said) Asking worry-based questions (e.g., "What happens if...", "Do you think ____ could happen?")
Behavioral		Refusal or avoidance of procedures or investigations Agitation or aggression

Assessment

Use an empathic and uncritical approach to establish rapport, de-escalate stress and worries, and facilitate communication.

DO:

- Ensure the patient and their caregiver know the limits of confidentiality in the health care setting and ask the adolescent what they are okay with you sharing with their caregiver.
- Manage the environment: dim lights, minimize noise and interruptions within room.
- Address needs (e.g., food/drink, personal space from caregivers, headphones).
- Ask patient/caregivers what is most helpful in approach.
- Sit down, speak slowly, calmly, and clearly, and allow time for questions.
- Build trust and reassurance through statements such as, "You are being very brave. You are doing a great job staying still and squeezing the nurse's hand."
- When possible, allow for choice in the care provided.
- Validate the patient/caregiver experience and the challenges they face.
- Recognize and acknowledge culture can impact experiences and care.

AVOID:

- Statements like "Calm down", "You don't need to worry about that", or "You'll be fine."
- Attributing all physical complaints to underlying anxiety.
- Focusing on the presenting complaint and ignoring the patient/caregiver's emotional well-being.
- Minimizing the distress anxiety causes.

Management

Prepare and support

- Approach every patient as though they have had a past traumatic experience to ensure they feel safe and in control.
- Consider speaking with an adolescent patient and caregiver separately to provide privacy while also obtaining collateral history from caregivers.
- Give patient and caregiver information about what to expect during the ED visit (e.g., wait times, nursing checks, evaluation by emergency physician (and learners) to determine best plan, how information will be communicated).

Offer comfort measures

- Consider who should be with the patient for reassurance.
- Ask the patient what would be helpful and offer suggestions such as music, food, or a warm blanket.
- Check in with caregiver to ensure their comfort. Do they need breaks and how staff can support them?

Explain

- Experiences that are uncomfortable, novel, or frightening can result in physical and emotional anxiety-based responses (e.g., mind-body connection).
- Validate the distress arising from physical symptoms of anxiety and explain that these symptoms are not dangerous.²
- Anxiety occurs on a spectrum from adaptive (e.g., distress in a new/difficult situation that can be overcome) to maladaptive (e.g., extreme emotional responses are experienced and new/uncomfortable situations are avoided).
- There may be identifiable precipitants, symptoms may be present for brief periods of time, or symptoms may be chronic in nature.

Co-create a patient- and family-centered approach to manage anxiety in the ED

- *Active distraction*: Playing with an electronic device (smartphone, tablet), [square](#) or [5-finger](#) breathing.
- *Passive distraction*: Watching TV, listening to music.
- Support from allied health professional (e.g., RN, Social Worker, Child Life Specialist), if available.

Pharmacotherapy

- Pharmacotherapy should be reserved for patients with severe anxiety resulting in serious behavioral escalation and acute safety concerns during the ED visit. Refer to [TREKK's Care of the Agitated Patient Algorithm](#).
- Lorazepam is the preferred first-line medication for use in the ED for severe anxiety³:
 - 0.05 mg/kg/dose, range 0.02 – 0.05 mg/kg/dose, MAX 2 mg/dose PO/SL q 4-8h PRN



- Regular use of benzodiazepines **should be avoided** due to their addictive potential and adverse effects.
- Pediatric patients, particularly those with neurodevelopmental conditions (e.g., ADHD, autism) are more likely to develop paradoxical disinhibition with benzodiazepine use compared to adult patients.

Provide resources to help manage anxiety after the ED visit

- Online evidence-based information: anxietycanada.com; kelymentalhealth.ca; kidshelpphone.ca

Scan or click the QR code to learn more and to see a full list of references and development team members



Disclaimer: The purpose of this document is to provide healthcare professionals with key facts and recommendations for caring for children and youth with anxiety in the emergency department. The TREKK Network is not liable for any damages, claims, liabilities, costs or obligations arising from the use of this document including loss or damages arising from any claims made by a third party.

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Visit [TREKK.ca](https://trekk.ca) for more resources related to pediatric emergency care

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