

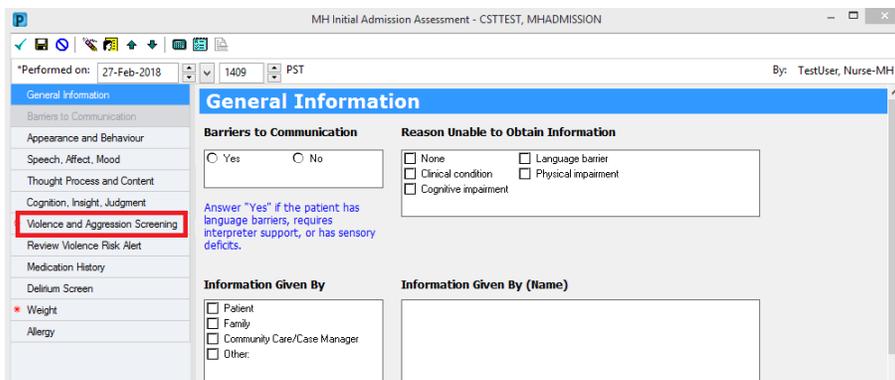
Foundational – Initiating and Updating Violence Risk

Violence risk screening is an important part of maintaining the safety of all care areas. This should be done on an ongoing basis for each patient.

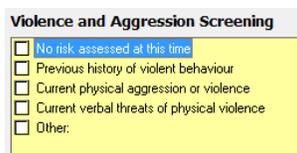
Initial Screening

Violence risk screening begins at the first point of care for all nurses.

- In inpatient settings, the section is part of admission forms
 - If done at a time other than admission, the form can be found in the Ad Hoc folder
1. Locate your patient.
 2. Access your admission documentation or access the Violence Risk Alert Screening form from the Ad Hoc folder.
 3. Navigate to and complete the **Violence and Aggression Screening** section.



Select the appropriate response as per your assessment from the yellow required Violence and Aggression Screening box.



- If **No risk assessed at this time** is selected, no further steps are necessary. Proceed to complete the rest of your documentation
- If any of the other choices are selected, further screening options become available

4. Complete the remaining questions as necessary.

These questions identify the patient’s current presentation, stressors and risk factors.

If patient has a previous history of or current indication of violence or aggression, complete the remainder of the form as applicable.

<p>Current Patient Presentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attack on object <input type="checkbox"/> Instrument of harm/weapon <input type="checkbox"/> Physical harm (e.g. strikes, grabs) <input type="checkbox"/> Physical threat <input type="checkbox"/> Unwanted sexual touch <input type="checkbox"/> Verbal aggression with another behaviour or history of violence <input type="checkbox"/> Verbal or written threat of physical violence <input type="checkbox"/> Other: 	<p>Current Presentation Additional Information</p>																
<p>Perceived Staff Approach Stressors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enforcing or authoritative <input type="checkbox"/> Denial or delay of request, action or item <input type="checkbox"/> Rushed or fast pace <input type="checkbox"/> Sudden or unanticipated approach <input type="checkbox"/> Task focus <input type="checkbox"/> Unwelcome touch <input type="checkbox"/> Other: 	<p>Perceived Staff Stressors Additional Information</p>																
<p>Risk Factors</p> <table border="0"> <tr> <td><input type="checkbox"/> Brain injury</td> <td><input type="checkbox"/> Pain</td> </tr> <tr> <td><input type="checkbox"/> Cognitive impairment</td> <td><input type="checkbox"/> Psychosis</td> </tr> <tr> <td><input type="checkbox"/> Communication impairment/barriers</td> <td><input type="checkbox"/> Sensory deficits</td> </tr> <tr> <td><input type="checkbox"/> Delirium</td> <td><input type="checkbox"/> Sleep deprivation</td> </tr> <tr> <td><input type="checkbox"/> Fear, grief, anxiety</td> <td><input type="checkbox"/> Substance intoxication or withdrawal</td> </tr> <tr> <td><input type="checkbox"/> History of abuse or trauma</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Hunger</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medications</td> <td></td> </tr> </table>	<input type="checkbox"/> Brain injury	<input type="checkbox"/> Pain	<input type="checkbox"/> Cognitive impairment	<input type="checkbox"/> Psychosis	<input type="checkbox"/> Communication impairment/barriers	<input type="checkbox"/> Sensory deficits	<input type="checkbox"/> Delirium	<input type="checkbox"/> Sleep deprivation	<input type="checkbox"/> Fear, grief, anxiety	<input type="checkbox"/> Substance intoxication or withdrawal	<input type="checkbox"/> History of abuse or trauma	<input type="checkbox"/> Other:	<input type="checkbox"/> Hunger		<input type="checkbox"/> Medications		<p>Behavioural Early Warning Signs</p>
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<input type="checkbox"/> Medications																	

5. The **Support and Intervention** information is meant to supplement care plan information that may be documented within an Interdisciplinary Care Plan document or on paper depending on your unit processes.

Support and Intervention

<input checked="" type="checkbox"/> Use verbal de-escalation	<input type="checkbox"/> Locate near nursing station
<input type="checkbox"/> Call police	<input type="checkbox"/> Medication
<input type="checkbox"/> Comfort measures	<input type="checkbox"/> Protective measures
<input checked="" type="checkbox"/> Clear patient area of potential weapons/other patients	<input checked="" type="checkbox"/> Security stand-by
<input type="checkbox"/> Distraction (safe topics, redirection)	<input checked="" type="checkbox"/> Team response or partnered care
<input type="checkbox"/> Leave alone, give space	<input type="checkbox"/> Other:

Support and Intervention Detail

Segoe UI 9

Responsive to medication. Seclusion also had good effect.

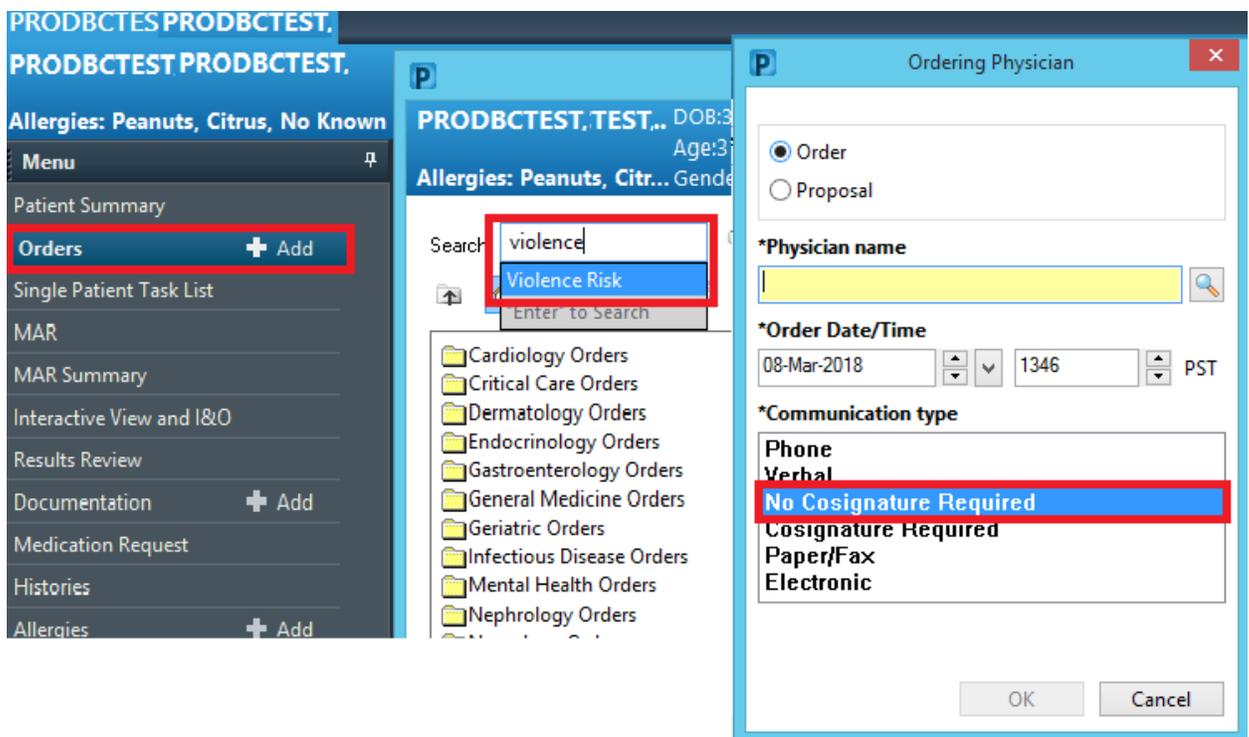
- Choose Done for **Risk Alert Activated** to identify that you will be activating the Violence Risk Process Alert.



- If accessed through admission documentation, complete the rest of the PowerForm as necessary.
- Activate the Violence Risk Process Alert if there is an identified violence risk (see steps 1-4 in Managing the Violence Risk Process Alert section below).
- Place a **Violence Risk** order.

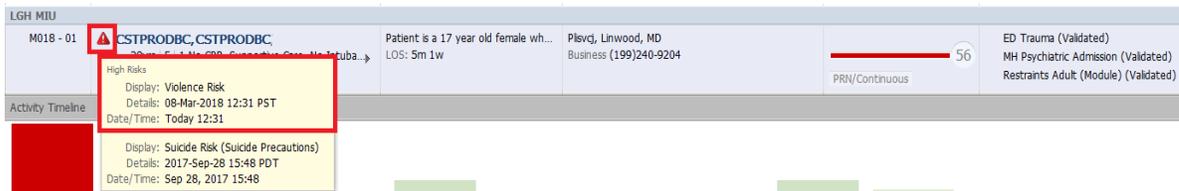


NOTE: Like other nurse-initiated risk alerts, a Violence Risk alert can be entered as a **No-Cosignature Required** order.

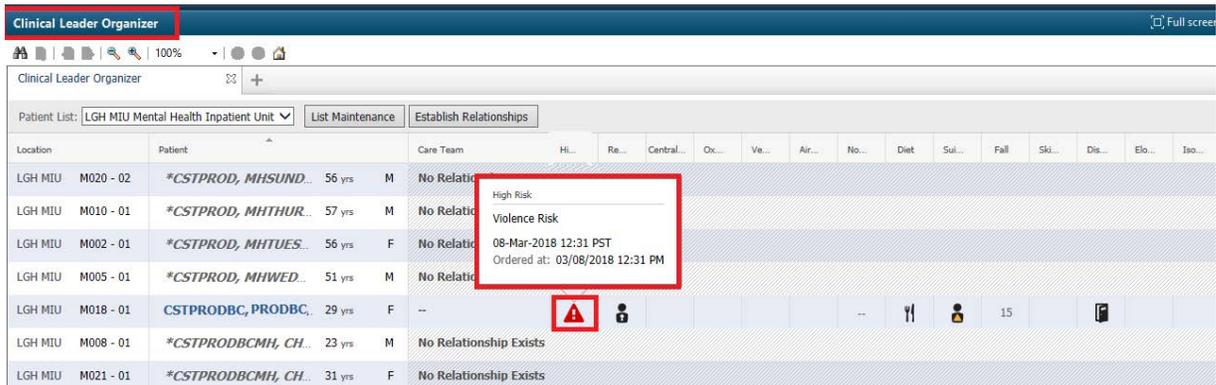


- This order will appear in CareCompass and Clinical Leader Organizer (CLO) as an alert icon.

- Click the alert icon to view all high risk alerts for the patient. This order appears in CareCompass as an alert icon.



- Click the alert icon. This order appears in the Clinical Leader Organizer (CLO) as a high risk alert icon.



 **NOTE:** This order will also appear on in the orders profile and alerts widget if applicable to communicate risk to staff that do not have CareCompass or CLO, such as allied health.

- Update any paper copies of care plans as necessary with details from the Support and Intervention information.
- Communicate the patient’s violence risk to the healthcare team as per your site-specific workflows.

Updating the Violence Risk Alert Screening

A patient’s violence risk profile may change during his or her admission. Ongoing assessment is necessary to monitor the patient situation and plan care appropriately.

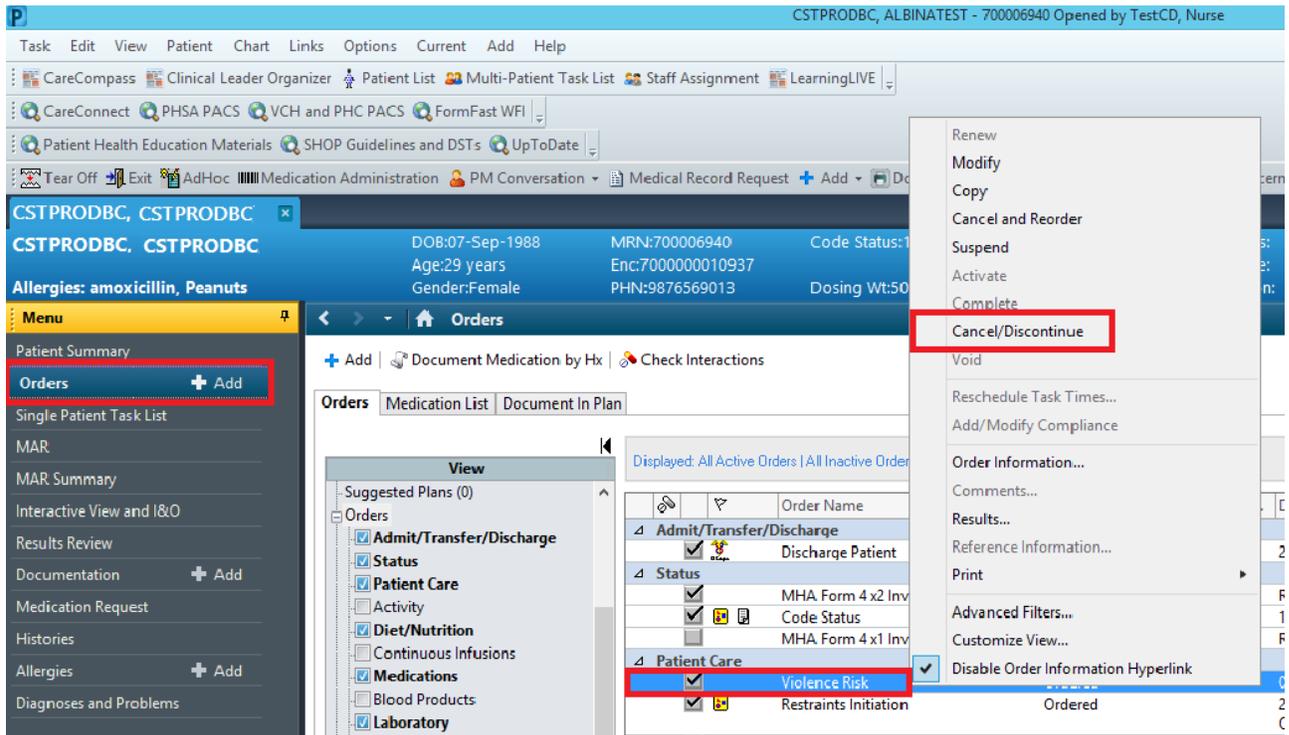
If the patient’s violence risk profile has changed, document this in the Violence Risk Alert Screen PowerForm.

1. From the Ad Hoc folder in the toolbar, select the **Violence Risk Alert Screen** PowerForm.
 - If there was no previous violence risk documentation, this PowerForm will be empty. Fill in the fields as appropriate (see step 3 of the Initial Screening section).
 - If there was previous violence risk documentation, this PowerForm will be pre-populated with the most recent information. Revise the information as appropriate.
2. Navigate to the **Review Violence Risk Alert** section to document changes in the patient’s violence risk profile.
3. Click radio button **Alert will be maintained until next review** if the patient continues to have violence risks
4. Select **Recommend alert be discontinued** if there is no longer any violence risks and provide a reason for discontinuation

Alert Maintained or Discontinued <input type="radio"/> Alert will be maintained until the next review <input type="radio"/> Recommend that alert be discontinued	Alert MUST be maintained if any of the three points occurred: Patient was physically threatening or physically violent towards staff. Patient made specific and executable threats of physical harm/sexual harm. There is an existing history of serious violence in healthcare, or received from documented credible source.	Alert Discontinued Reason <input type="radio"/> Medical condition changed <input type="radio"/> Risk behaviour did not escalate to violence (e.g. attack on object)
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5. Update the patient’s Process Alert if necessary.
 - To activate a Violence Risk Process Alert, see steps 1-4 of the Managing the Violence Risk Process Alert section below
 - To remove a Violence Risk Process Alert, follow steps 5-7 of the Managing the Violence Risk Process Alert section below

6. Discontinue the patient’s Violence Risk order from the Orders Profile



7. Update any paper copies of care plans as applicable.

8. Communicate the change in the patient’s violence risk to the healthcare team as per your site-specific workflows.

Managing the Violence Risk Process Alert

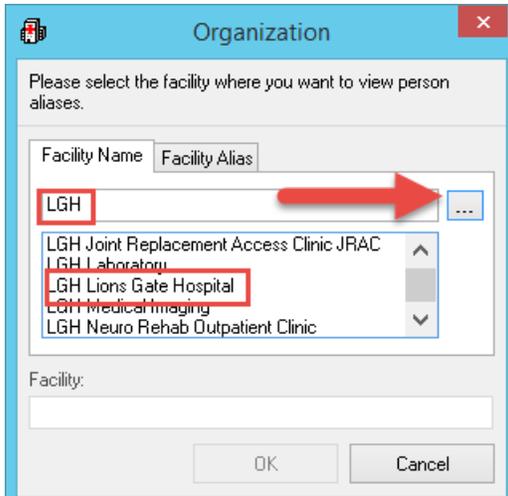
1. Open the dropdown on the **PM Conversation** in the Organizer toolbar.



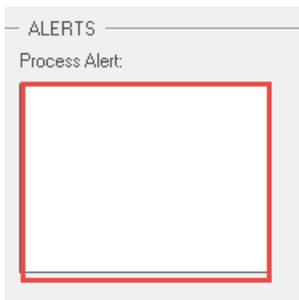
2. Select the **Process Alert** conversation.

3. Select your location in the Organization window.

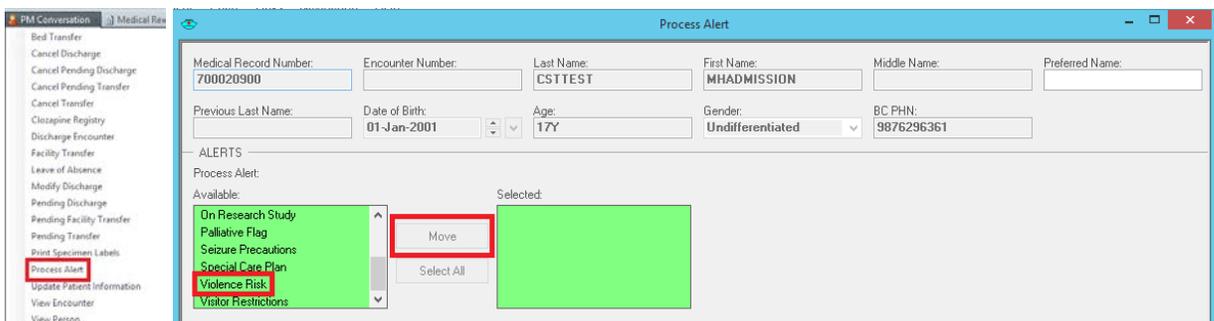
4. Click icon.



- 5. Click **OK** to confirm your selection.
- 6. Click on **Violence Alert** window to turn it green in the available alerts in the Process Alert window.



- 7. Click **Move** to select the Process Alert for activation.
- 8. Click **Complete** to activate the Process Alert.



NOTE: You can select multiple Process Alerts and activate them all at once.

- 9. Refresh the page.

You see the Violence Risk Process Alert on the banner bar of the patient's chart.



10. To de-activate a Process Alert, navigate to the **Process Alert** PM Conversation.
11. Select your location then land on the Process Alert window.
12. Select the activated Violence Risk Process Alert.
13. Click **Move** to remove it from the active Process Alerts list.
14. Click **Complete** to confirm Process Alert deactivation.



15. Refresh the page.

The Violence Risk Process Alert is removed from the banner bar.

Related Topics

- Foundational – Process Alert
- Foundational – High Risk Alert

Related Positions

- Nurse/Mental Health Nurse
- Nurse Supervisor/Mental Health Nurse Supervisor

Key Words

- Violence and aggression screening
- Violence risk
- Process alert
- High risk alert