

BROSET VIOLENCE CHECKLIST (BVC)

Completed by \_\_\_\_\_, R.N.

Date \_\_\_\_\_ Tour I \_\_\_ II \_\_\_ III \_\_\_

Previous Tour score was \_\_\_

Violent behavior past Tour? Yes \_\_\_ No \_\_\_

Stat doses psychotropic medications administered past Tour?  
Yes \_\_\_ No \_\_\_

Confused	0 ___ 1 ___
Irritable	0 ___ 1 ___
Loud, unruly	0 ___ 1 ___
Physically threatening	0 ___ 1 ___
Verbally threatening	0 ___ 1 ___
Attacking objects/persons	0 ___ 1 ___
SUM TODAY'S SCORE:	0 ___ 1 ___

BEHAVIORAL HEALTHCARE

<b>VIOLENCE REDUCTION PROTOCOL TREATMENT PLAN</b>			
<b>Patient Name:</b>		<b>MR#</b>	<b>Unit</b>
<b>Calming measures selected by patient: (Check all that apply)</b>			
<input type="checkbox"/>	I will walk away from the source of my frustration		
<input type="checkbox"/>	I will go to my room and try to rest and relax		
<input type="checkbox"/>	I will ask for a "Time Out" in the Quiet Room		
<input type="checkbox"/>	I will ask to speak with a staff member in a calm manner about what upsets me		
<input type="checkbox"/>	I will ask a patient or staff member to walk with me around the unit		
<input type="checkbox"/>	I will ask the nurse for medication to help me relax		
<input type="checkbox"/>	I will talk to someone I feel comfortable with about something that interests me		
<input type="checkbox"/>	I will utilize groups to reduce my stress		
<input type="checkbox"/>	I will watch TV or listen to music, as available as per unit rules, to try to reduce my stress		
<input type="checkbox"/>	I will write down my thoughts to try to reduce my stress		
<input type="checkbox"/>	I will discuss things with my therapist, ask for feedback, and try to learn what works for me to stay in control		
<input type="checkbox"/>	I understand that if I am still unable to calm down, I may require Seclusion or Restraint (circle preference)		
<input type="checkbox"/>	I understand that if I cannot regain self control using these measures and my behavior is dangerous, I may need to receive an injection of medications to help me calm down		
<b>The following medications will be used on a PRN basis if needed to control dangerous behavior:</b>			
<input type="checkbox"/>	, mg po	<input type="checkbox"/>	, mg po
<input type="checkbox"/>	, mg po	<input type="checkbox"/>	, mg po
<input type="checkbox"/>	, mg po	<input type="checkbox"/>	, mg po
<b>The following medications will be used on a stat basis if needed to control dangerous behavior</b>			
<input type="checkbox"/>	, mg IM	<input type="checkbox"/>	, mg IM
<input type="checkbox"/>	, mg IM	<input type="checkbox"/>	, mg IM
<input type="checkbox"/>	, mg IM	<input type="checkbox"/>	, mg IM
<b>Patient Signature</b>		<b>Date</b>	
<b>Signature</b>	<b>RN</b>	<b>Date</b>	<b>MD</b>
			<b>Date</b>

White Copy: Chart

Yellow Copy: Patient

**INPATIENT MORNING REPORT**

Date:                      Unit:                      Census:                      Completed by:

**New Admissions:**

Name	Observation/ Rm Location	SI/HI	Aggression	Medication	Medical Issues

**Incidents: (Falls, Fights, Assaults, Sexually Inappropriate, Self-Injurious Behavior, Elopement, Allegation, Choking, RRT, CAC, etc.)**

Name	Incident	Report	Plan of correction

**Stat IM/PRN's:**

Name	IM/PRN	Standing Regimen Changed	Treatment Plan Changed

**Violence Reduction Protocol (VRP):**

Name	VRP Score	Standing Regimen Changed	Treatment Plan Changed

Male Census	Female Census	Current Total Male Beds	Current Total Female Beds	Male Discharge Pending	Female Discharge Pending

**Restraint Bed/Stretcher Set up with restraints and in restraint room? / / Yes      / / No**  
If no, explain why not:

**Complete Side 2, then Head/Charge Nurse to discuss in morning report and fax to  
Fax: 718 918-7023**

**MORNING REPORT - continued**

Patients in Seclusion/Restraint (S/R) in last 24 hours	REASON
--	--------

--	--

Patients currently in S/R	REASON
---------------------------	--------

--	--

**Observation Level: Close**

Name	Report/Reason	Change in Observation	Change in Treatment Plan	Standard Work

**Observation Level: Constant**

Name	Report/Reason	Change in Observation	Change in Treatment Plan	Standard Work

**Planned Discharges for the following day:**

Name	TX plan discussed with patient re: Goals Achieved	Risk Assessment	Housing Confirmed	Aftercare Arranged	Family Notified

**Discharges:**

Name	TX plan discussed with patient re: Goals Achieved	Risk Assessment	Housing Confirmed	Aftercare Arranged	Family Notified

**Special unit issues & interventions initiated:**

## Acute Violence Identification and Interventions

- All admissions will have the Broset Violence Checklist completed by the Admitting RN
- Any patient scoring 2 or more is to have repeat assessments using the checklist only daily until the score decreases below 2
- Every patient scoring 2 or more will be identified by a RED sticker on the spine of the chart, and will be signed out at each change of shift using SBAR
- The Treatment Plan of every patient scoring 2 or more will reflect the problem of interpersonal violence, and will identify specific objectives, goals, and interventions
- A score of 2 indicates the risk violence is moderate and a score of 3 or more indicates the risk if violence is very high. Preventive measures will be started. These includes teaching behavioral calming techniques trying to keep the patient from involvement in stimulating interactions, and ensuring medication adherence. All patients scoring 3 or more will be met with at morning report by the entire treatment team, discuss the patient's behavior and how the team is addressing the patient's needs. If the patient refuses to appear at team meeting, the team must approach the patients as a group after team meeting. All failures of the patient to accept standing medications will be immediately reported to the psychiatrist. The BVC scores will be monitored looking for improvement or deterioration.
- If score is 2 or greater, and signs of behavioral escalation appear:
  - 1) 2 or more staff members should approach the patient to find out if there is a situational problem which can be remedied. Initiate behavioral interventions until patient resumes self control. If patient resists behavioral interventions or continues to escalate despite interventions, proceed to
  - 2) Offer prn psychotropic medication. If patient refuses, proceed to
  - 3) Summon psychiatrist to consider use of stat psychotropic medication over objection, and to write note indicating why medications are used or not used.
- Discharge Summaries for all patients scoring 2 or more during hospital stay are to provide narrative describing violent behaviors, if any, during hospitalization, and effective behavioral pharmacological techniques used.

## Violence Reduction Protocol

- Patient are entered in to the VRP on the basis of the criteria described above.
- Every patient in the VRP will have a BVC performed and entered into the medical record at every change of shift, to closely update these patients' violence potential.
- Once entered into the VRP, patients remain in the VRP for 48 hours subsequently to their BVC dropping below 2.
- At every change of nursing shift, at morning report, and at Team Meetings, all VRP patients will be the first patients reported upon and discussed, and will continue so until they are dropped from the VRP.
- Every patient in the VRP will sit with the Team and select specific calming measures to be initiated should their behavior escalate, from the roster of calming measures that is part of the VRP (see attached). It is important that the selection be made by the patient, and honored by the staff.
- Every patient in the VRP will have a VRP Treatment Plan made part of the patient's Multidisciplinary Comprehensive Treatment Plan. The VRP Treatment Plan should indicate the specific calming measures selected by the patient.
- Institution of the specific calming measure, and the patient's response to the calming measure, are to be described in a progress note in the medical record whenever it is initiated
- The psychiatrist should select a dose and type of psychotropic medication to be resorted to should the patient continue to escalate behaviorally to the point of dangerousness, after either failing to respond to or rejecting the use of the specific calming measure they selected. This information should be entered into the VRP Treatment Plan.
- The patient should be informed upon entry into the VRP, and reminded during meetings with the Treatment Tam, that should their behavior escalate and should they be unable to take advantage of the calming measure they selected, that the psychiatrist may be required to order the administration of stat psychotropic medication over patient objection.
- It is important that dangerously escalating behaviors not responsive to non-pharmacologically calming interventions be responded to using pharmacological techniques promptly and consistently to assist the patient to regain control.

- The treating psychiatrist, unit Chief, and Inpatient Director will review the standing medication regimens of all patients enrolled in the VRP on a twice weekly basis, with an emphasis on increasing standing doses or changing regimens for those patients whose BVC scores and behavior reflect lack of improvement on existing medication regimens.
- The Discharge Summary will reflect the highest BVC score attained during the inpatient stay, and the BVC score at discharge, and a summary of the patient's response to the VRP, as a means of alerting other staff treating the patient of their violence potential and treatment response.
- For non-inpatient areas (OPD, CD, Day Treatment and Partial Hospital Programs), BVC will be performed upon program admission. For those with scores of 2 or more, attention will be directed to whether the site of treatment is suitable for that patient at that point in time. For those continuing to obtain treatment in that program, BVC's will be conducted and documented at daily intervals for outpatients, until the score drops below 2. The treatment plans for such patients will include Violence Potential as a problem to be addressed in treatment.

**WEEKLY TREATMENT PLAN REVIEW**

**FOR WEEK #** \_\_\_\_\_

Patient's Name: \_\_\_\_\_

MRN \_\_\_\_\_

This review is the result of the treatment team meeting held on \_\_\_ / \_\_\_ / \_\_\_ at \_\_\_ AM, at which there was representation by:

Psychiatrist:	Nurse:
Psychologist:	Social Worker:
Activities Therapist:	

For each problem indicate any important changes in the nature of the problem, percent completion of treatment objectives, or new interventions. Identify new problems here and on comprehensive treatment plan.

1. **Psychiatric Problem** (include any changes in diagnoses):

Medication Changes: Yes \_\_\_\_\_ No \_\_\_\_\_

Depot neuroleptics: would patient benefit? \_\_\_\_\_ if yes, does patient accept? \_\_\_\_\_ If objects, describe interventions:

Risks vs. benefits of medications discussed: \_\_\_ Y \_\_\_ N Describe \_\_\_\_\_

If no, why \_\_\_\_\_

Patient's Perception of Response to Medications: \_\_\_\_\_

Highest Broset Violence Score this Week: \_\_\_\_\_ Is /was Patient enrolled in VRP this week? \_\_\_\_\_

Describe any violent behavior and interventions utilized to de-escalate or prevent violent behavior:



Patient's Name: \_\_\_\_\_

MRN \_\_\_\_\_

2. **Medical Problems:**

3. **Social Problem:**

4. **Substance Abuse Problem:**

Problem: The patient has been consuming **ALCOHOL** in an unhealthy fashion.

Yes \_\_\_\_\_ No \_\_\_\_\_.

If yes:

**Goal:** The patient will decrease or abstain from alcohol use.

**Objective:** The patient will engage in a brief alcohol intervention twice a week.

**Intervention:**

1. The patient was educated regarding unhealthy alcohol use and impact on patients' health issues  
 Yes       No  
 If No, why? \_\_\_\_\_
2. The patient was offered explicit advice to cut down drinking or abstain  
 Yes       No  
 If No, why? \_\_\_\_\_
3. Patient educated about recommended drinking limits  
 Yes       No  
 If No, why? \_\_\_\_\_
4. Patient was referred to outpatient addiction treatment  
 Yes       No  
 If No, why? \_\_\_\_\_
5. Patient was referred to self-help groups  
 Yes       No  
 If No, why? \_\_\_\_\_

Patient's Name: \_\_\_\_\_

MRN \_\_\_\_\_

**Problem:** Patient self-reports active **TOBACCO** use on admission, as documented by positive tobacco use screen

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**If yes:**

**Goal:** Patient will abstain from tobacco use during hospital stay, and accept practical counseling and Cessation medication as indicated

**Objective:** Patient will self-report, and staff observe, abstinence from tobacco use for 7 consecutive days, without cravings or other distressing withdrawal symptoms or signs

**Intervention:**

1. Cessation medication, daily, as above  
 Yes     No  
 If No, why? \_\_\_\_\_
2. Monitor for withdrawal symptoms, daily  
 Yes     No  
 If No, why? \_\_\_\_\_
3. Practical counseling, weekly, as above  
 Yes     No  
 If No, why? \_\_\_\_\_
4. Patient will be referred to Smoking cessation program upon discharge  
 Yes     No  
 If No, why? \_\_\_\_\_

5. **Vocational/Leisure Time Use Problem:**

6. **Post-Discharge Problem:**

7. **Psychoeducational Problem:**

8. **Precautions:** No changes    Changes/Revisions complete Precautions Assessment

Based on our review of this patient's history, admission, progress, and current status, it is our conclusion that this patient's continued acute inpatient hospitalization is medically necessary for the following reason(s):    [Circle reason(s) that apply]

Patient's Name: \_\_\_\_\_

MRN \_\_\_\_\_

1. Patient continues to be an immediate physical danger to self/others, and no other level of care is appropriate at this time.
2. Patient's deviant behavior continues to be intolerable, and no other level of care is appropriate at this time.
3. If discharged now, an early recurrence of physical danger to self/others would likely recur soon, and continued hospitalization is necessary to prevent this. [Documentation must show history, current findings, reason(s) why early recurrence is considered likely, and reason(s) why hospitalization is necessary to prevent this recurrence]
4. If discharged now, an early recurrence of intolerable deviant behavior would likely recur soon, and continued hospitalization is necessary to prevent this. [Documentation must show history, current findings, reason(s) why early recurrence is considered likely, and reason(s) why hospitalization is necessary to prevent this recurrence]
5. Continuation of a specific treatment - [medication compliance] [abstinence from substance abuse] [psychotherapy] [other \_\_\_\_\_] - is crucial to patient's recovery, but patient continues to demonstrate a lack of motivation or a refusal or inability to cooperate with aftercare recommendations. [Documentation must show evidence of amotivation/non-compliance and that other treatment approaches have been or are being tried]
6. An unexpected setback in this patient's clinical condition has occurred, which requires extended inpatient treatment. [Documentation must show the change in condition which occurred, the different course of treatment being tried and its rationale, and the patient's response]
7. This patient had a medical condition ( \_\_\_\_\_ ) which continues to require a hospital level of care, but his/her psychiatric condition continues to interfere with effective treatment in a non-psychiatric unit.

The medical necessity for continuing acute care of this patient is documented in the progress notes of this chart.

During the period since the last treatment plan review, this patient has continued to receive active treatment on the inpatient unit. This has included continuing pharmacotherapy, with careful monitoring and dosage adjustments to maximize clinical response and minimize adverse side effects. It has also included psychotherapy (individual, group, and family), specifically targeting and addressing discharge-related issues, such as psychiatric and substance abuse relapse prevention, medication management, coping, and responding to symptom recurrence, importance of compliance with medications and aftercare, etc.

The continued active treatment of this patient is further documented in the progress notes of this chart.

Recorded on behalf of the treatment team by: \_\_\_\_\_ Date and time: \_\_\_\_\_

Reviewed by Patient: \_\_\_\_\_

Date and time: \_\_\_\_\_