

# Care Planning Considerations for Risk for Violence

## Identify and address underlying causes of agitation

### Unmet Physical or Psychological Needs

- Pain management
- Elimination
- Fear or anxiety
- Feeling disrespected

### Medical Issues

- Hypoxia
- Hypoglycemia
- Infection/Fever
- Drug Interactions
- Drug or Alcohol Withdrawal
- Electrolyte Imbalance

### History of Trauma

- Abuse or Neglect
- Violent Events
- Discrimination
- Clinical Events: serious illness, accident, medical procedure, restraints, seclusion, isolation
- Hunger or food insecurity
- Homelessness
- Untreated or unsupported mental illness

## Once risk for violence is identified, communicate to all caregivers

- Notify security to add patient to risk for violence list
- Post Clinical Violence Alert sign on patient door
  - [SBAR and Guidelines for Use](#)
- Activate an EPIC Risk for Violence FYI flag for level 2 and 3 behaviors and characteristics
  - Complete EPIC smart phrase: .violenceriskmitigationnote
  - Develop an appropriate interdisciplinary care plan
  - Job Aids available here: [Risk for Violence Flags](#)

## Individualized Care Plan Considerations

Formalize strategies individualized to the patient's needs that can increase safety for all

- Direct caregivers to use caution with activity known to cause patient stress
  - Moving/lifting/transferring
  - Pain/discomfort/fear during care
  - Confusion, disorganization, delirium
  - Withdrawal
  - Misgendering

### Examples:

- Direct caregivers to keep a direct path to the exit.
- Direct caregivers to keep distance, allowing for personal space
- If limit have been set, communicate to care team for consistency
- Direct caregivers to use team approach with other caregivers and/or security officers

## Special Considerations for 1:1 Constant Observers

Caregiver safety is critical when performing 1:1 constant observation for a patient with violence risk. The care team should communicate the following information to ensure the constant observer knows their safety is a priority:

- Review any known dangerous behavior
- Review known stressors
- Review specific strategies to interact with the patient safely
- Review with the constant observer how to best get additional caregiver assistance