

TEST RESULTS CHECKLIST/BIOL
[REDACTED]

[REDACTED]

Date _____
_____ 1 _____
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Completed by _____ R.N. Confused 0 1

VIOLENCE REDUCTION PROTOCOL TREATMENT PLAN

Patient Name _____ **MD#** _____ **Unit** _____

Calm ing measures selected by patient: (Check all that apply)

I will walk away from the source of my frustration

I will ask for "Time Out" in the Quiet Room

I will ask to speak with a staff member in a calm manner about what upsets me

INPATIENT MORNING REPORT

Date: Unit: Census: eted

New Admissions:

Name	Observation/ Rm Location	SI/HI	Aggression	Medicatio n	Medical Issues
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Incidents: (Falls, Fights, Assaults, Sexually Inappropriate, Self-Injurious Behavior, Elopement,

Allegation Choking, RRT, CAG, etc.)

Name	Incident	Report	Plan of correction
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Stat IM/PRN's:

IM/PRN	Stat IM/PRN	Treatment Plan Changed
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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

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.

Patient's Name:

MRN

2. **Medical Problems:**

3. **Social Problem:**

4. **Substance Abuse Problem:**

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~~

Patient's Name:

MRN

O:

If yes:

~~Goal: Patient will abstain from tobacco use for 7 consecutive days and report cessation medication as indicated.~~

If No, why?

Cessation medication as indicated

Objective: Patient will self-report, and staff observe, abstinence from tobacco use for 7 consecutive days.

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.

this time.

3. If discharged now, an [redacted] 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 [redacted] 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 [redacted]] - is crucial to patient's recovery, but patient continues to demonstrate a [redacted]. [Documentation must show evidence of [redacted]]