

NATIONAL INSTITUTES OF HEALTH
WARREN GRANT MAGNUSON CLINICAL CENTER
NURSING and PATIENT CARE SERVICES

Standards of Practice: Nursing Prevention and Management of Aggressive Behavior

Essential information:

- NB: Violence intervention by clinical staff requires NPCS training and ongoing supervision.
- PRO: Physical Intervention with an Aggressive Patient
- PRO: Child Safety Holds and Transports

I. ASSESSMENT

- A. The RN will collaborate with team to assess:
 - 1. factors contributing to increased risk for aggressive behavior (e.g., substance abuse, medication, disease pathophysiology, dual/multiple diagnoses, research protocols, etc.);
 - 2. the individual patient's potential, by history, for engaging in disruptive, violent or other out of control behaviors. Include target of aggression, situation violence occurred within, e.g. at home with family members.
 - 3. Situational variables influencing patient's behaviors (e.g., stress of hospitalization, finances, family concerns, chronicity and acuity of illness, etc.).
 - 4. elopement potential.
 - 5. Per MAS Policy Restraint and Seclusion, upon inpatient admission Behavioral Health patients/family,
 - a. must be informed of restraint/seclusion policy;
 - b. assessed for pre-existing medical conditions or physical disability that would increase risk during restraint or seclusion;
 - c. assessed for history of sexual or physical abuse that would place patient at greater psychological risk during restraint or seclusion;
 - d. assessed for prior history of episodes of violence or of use of restraints or seclusion, including situational context, and outcome of same;
 - e. contact information and preferences for notification in the event of the use of restraint or seclusion (for adults). For children under age 18, parent/guardian must be identified.
 - 6. frequency of assessment:
 - a. on admission.
 - b. as psychiatric symptom profile is described and established.
 - c. with any significant change in behavior.
 - d. upon changes in treatment or intervention.
- B. Alert interdisciplinary team members of positive findings. Specifically notify primary physician.
- C. Utilize Psychiatric Consult Service assessments as required by patient's and/or staff's needs. Seek consultation if unable to adequately assess any of the above parameters.

- D. Considering risk profile, develop and implement an outcome based, individualized prevention plan with multidisciplinary input. Plan must include criteria to evaluate intervention effectiveness. Specify frequency of monitoring identified risks. Include parents in care planning and education process if child is involved. Consider observation/privilege status adjustment, increased environmental structure/decreased environmental stimulation, opportunity to ventilate and clarify concerns, increased frequency/quality of case management appointments and/or telephone monitoring, Psychiatric consultation, etc.
- E. Establish and monitor mental status, behavioral, and/or physiologic criteria to evaluate intervention effectiveness. Increase frequency of re-evaluation as patient's potential for dangerousness increases.

II. Intervention

- A. In the event of, or threat of physical acting out, develop and implement a plan for physical intervention with team members utilizing:
 - 1. the proper approach as taught in the Clinical Center Nursing Department Aggressive Behavior/Violence Prevention-Intervention Workshop
 - 2. safe holding and transferring techniques (see CCND Procedure for Physical Intervention with an Aggressive Patient and CCND Procedure Therapeutic Safety Holds and Transport for Children).
 - 3. self-protective measures as taught in the Aggressive Behavior/Violence Prevention-Intervention Workshop.
- B. Evaluate intervention and outcome with team. Re-evaluate prevention plan (specific preventative interventions, including what to monitor AND frequency of monitoring).

III. Documentation

- A. Document in interdisciplinary notes assessment, intervention and outcome including:
 - 1. initial assessment data, (positive findings in any/all areas of risk assessment), including Behavioral Health specific findings assessed per Restraint and Seclusion Policy listed above;
 - 2. outcome-based, individualized prevention plan aimed at identifying and fulfilling patient needs underlying potential or real violence; include means and frequency of monitoring identified risks.
 - 3. If physical violence or threat occurs, document
 - a. patient behaviors precipitating the need for nursing prevention and management of aggressive behavior;
 - b. less restrictive interventions, if any utilized, which were unsuccessful in helping patient re-establish self-control. Include psychiatric nursing or medical consultation results and child/parent safety education;
 - c. extent to which patient was able to cooperate with physical intervention procedure;
 - d. specific interventions employed and patient response.
 - e. Per MAS Policy Restraints and Seclusion: Behavioral Health Restraint or Seclusion Standards, or Medical Surgical (Non-Behavioral Health) Restraint Standards.
 - 4. Notification of clinically and administratively responsible parties.

IV. REFERENCES:

- A. CC MAS Policy: Restraint and Seclusion, 9/03.
- B. CCND Procedure for Physical Intervention with an Aggressive Patient, 9/03.
- C. CCND Procedure: Therapeutic Safety Holds and Transport for Children, 10/03.
- D. CCND Policy: Observation Levels for Behavioral Health Patients, 2003.
- E. CCND Policy: Privilege Status for Behavioral Health Patients, 2003.
- F. CCND Standards of Practice: Care of the Patient with Potential for Self-Harm/Suicide, 10/03.
- G. Nursing Department Crisis Prevention Intervention Workshop course outline, 1992, (rev. 1997).
- H. Crisis Prevention Institute. 2002. Nonviolent Crisis Intervention Training Program. Brookfield, WI
- I. Link, BG and Stueve, A. Commentary: New evidence on the violence risk posed by people with mental illness. Archives of General Psychiatry, Volume 55. Pages 403-404.
- J. Steadman, HJ et al. 1998. Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighborhoods. Archives of General Psychiatry, Volume 55. Pages 393-401.

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