

Screening Tool and Alert for Violence and Aggression Tool

Client name	
PHIN # (9 digits)	
MB Health # (6 digits)	
Date of Birth	
Program/Site/Location	

A. Evidence of current violence or aggression? B. C. C. Current risk factors for violence or aggression. C. Current risk factors for violence or aggression. B. SECTION # 2: Screening Tool Outcome Alert active violence or aggression. Algitated or Impulsive - Paranoid or Suspicious - Substance Intoxication or Withdrawal SECTION # 2: Screening Tool Outcome Alert required (Proceed to section #3) Alert not required (Cocument on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere: Initials: Initials: Initials: Initials: Initials:	Complete for all	# 1: Screening Criteria						
Evidence of current violence or aggression? B. Evidence of element of past active violence or aggression? C. C. (Question to ask family/friend: "Do you have any knowledge of the patient having any history of violent or aggression. C. C. (Current risk factors for violence or aggression. Extidence of past active violence or aggression? Designation or Disorientation or Withdrawal Evidence of past active violence/aggression reported by key informant; (Check all that apply) Alert status reported by facility/key informant: (Check all that apply) Alert status reported by facility/key informant, name and relationship of informant; (Question to ask family/friend: "Do you have any knowledge of the patient having any history of violent or aggressive behavior towards care givers?") Designation or Confusion or Disorientation Agitated or Impulsive Agitated or Impulsive Agitated or Impulsive Agitated or Impulsive Paranoid or Suspicious Substance Intoxication or Withdrawal Section # 2: Screening Tool Outcome Alert is required when: At least one (1) yes in Section 1A or 1B OR Two (2) or more yes in section 1C Alert required (Proceed to section #3) Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere:	Complete for all							
A: Evidence of current violence or aggression? B: Evidence of aggression? B: Evidence of Past active violence or aggression? Alert status reported by facility/key informant: (Check all that apply) - Alert status reported by facility/key informant: (Check all that apply) - Alert status reported by facility/key informant. (Check all that apply) - Alert status reported by facility/key informant. (Check all that apply) - Alert status reported by facility/key informant. (Check all that apply) - Alert status reported by facility/key informant. (Check all that apply) - Past violence/aggression reported by key informant, name and relationship of informant; - (Question to ask family/friend: "Do you have any knowledge of the patient having any history of violent or aggressive behavior towards care givers?") - Past violence/aggression reported at clinical handoff - Past violence/aggression reported at clinical handoff - C. Current risk factors for violence or aggressive. - Past violence/aggression reported at clinical handoff - Confusion or Disorientation - Agitated or Impulsive - Agitated or Impulsive - Paranoid or Suspicious - Paranoi		1 1777						
Evidence of current violence or aggression? B. Alter status reported by facility/key informant: (Check all that apply) Evidence of past active violence or aggression? B. Alter status reported by facility/key informant: (Check all that apply) Alter status reported by facility/key informant: (Check all that apply) Alter status reported by facility/key informant, name and relationship of informant; (Question to ask family/friend: "Do you have any knowledge of the patient having any history of violent or aggressive behavior towards care givers?") Past violence/aggression reported at clinical handoff C. Current risk factors for violence or aggression reported at clinical handoff Agitated or Impulsive apply Aggression. Alter status required when: At least one (1) yes in Section 1A or 1B OR Two (2) or more yes in section 1C Alert required (Proceed to section #3) Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere:	Δ							
Attempting/actual violence or aggression?								
violence or aggression? ■ Reing aggressive to property ■ Being aggressive to person ■ Alert status reported by facility/key informant: (Check all that apply) ■ Alert active violence or aggression? ■ Past violence/aggression reported by key informant, name and relationship of informant; ■ (Question to ask family/friend: "Do you have any knowledge of the patient having any history of violent or aggressive behavior towards care givers?") ■ Past violence/aggression reported at clinical handoff ■ C. Current risk factors for violence or aggression or Disorientation ■ Agitated or Impulsive ■ Aggression. ■ Aggression. ■ Aggression. ■ Aggression or Disorientation ■ Aggression. ■ Aggression. ■ Paranoid or Suspicious ■ Paranoid or Suspicious ■ Substance Intoxication or Withdrawal ■ Initials ■ Designation SECTION # 2: Screening Tool Outcome Alert is required when: ➤ At least one (1) yes in Section 1A or 1B OR ➤ Two (2) or more yes in section 1C ■ Alert required (Proceed to section #3) ■ Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere:				 				
Being aggressive to person Alert status reported by facility/key informant: (Check all that apply) Alert active Past violence of past active violence or aggression? (Question to ask family/friend: "Do you have any knowledge of the patient having any history of violent or aggressive behavior towards care givers?") Past violence/aggression reported at clinical handoff Is the patient displaying any of the following risk factors: (Check all that apply) Courrent risk factors for violence or aggression. Agitated or Impulsive Agitated or Impulsive Paranoid or Suspicious Paranoid or Suspicious Substance Intoxication or Withdrawal Initials Designation SECTION # 2: Screening Tool Outcome Alert is required when: At least one (1) yes in Section 1A of 1B OR Alert required (Proceed to section #3) Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere:				 				
B. Alert status reported by facility/key informant: (Check all that apply)	aggression?			 				
Alert active Past active Past violence or aggression?	D							
Past violence/aggression reported by key informant, name and relationship of informant; (Question to ask family/friend: "Do you have any knowledge of the patient having any history of violent or aggressive behavior towards care givers?") Past violence/aggression reported at clinical handoff Is the patient displaying any of the following risk factors: (Check all that apply) C. Current risk factors for violence or aggression. Agitated or Impulsive Angry or Irritable Paranoid or Suspicious Nubstance Intoxication or Withdrawal SECTION # 2: Screening Tool Outcome Alert is required when: At least one (1) yes in Section 1A or 1B OR Two (2) or more yes in section 1C Alert required (Proceed to section #3) Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere:								
violence or aggression? relationship of informant; (Question to ask family/friend: "Do you have any knowledge of the patient having any history of violent or aggressive behavior towards care givers?") Past violence/aggression reported at clinical handoff C. Current risk factors for violence or aggression. Confusion or Disorientation Angry or Irritable Paranoid or Suspicious Angry or Irritable Paranoid or Suspicious SECTION # 2: Screening Tool Outcome Alert is required when: At least one (1) yes in Section 1A or 1B OR Two (2) or more yes in section 1C Alert required (Proceed to section #3) Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere:				 				
Question to ask family/friend: "Do you have any knowledge of the patient having any history of violent or aggressive behavior towards care givers?") Past violence/aggression reported at clinical handoff Is the patient displaying any of the following risk factors: (Check all that apply) Confusion or Disorientation Agitated or Impulsive Angry or Irritable Paranoid or Suspicious Paranoid or Suspicious Substance Intoxication or Withdrawal	violence or							
Current risk factors for violence or aggression. Section Sect	aggression?	having any history of violent or aggressive behavior towards care						
Current risk factors for violence or aggression. - Confusion or Disorientation - Agitated or Impulsive - Angry or Irritable - Paranoid or Suspicious - Substance Intoxication or Withdrawal - Initials - Designation SECTION # 2: Screening Tool Outcome Alert is required when: - At least one (1) yes in Section 1A or 1B OR - Two (2) or more yes in section 1C Alert required (Proceed to section #3) - Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere:		Past violence/aggression reported at clinical handoff						
• Confusion or Disorientation • Agitated or Impulsive • Angry or Irritable • Paranoid or Suspicious • Substance Intoxication or Withdrawal Initials Designation SECTION # 2: Screening Tool Outcome Alert is required when: At least one (1) yes in Section 1A or 1B OR Two (2) or more yes in section 1C Alert required (Proceed to section #3) Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere: Initials: Initials: Initials: Initials:								
Agitated or Impulsive Angry or Irritable Paranoid or Suspicious Substance Intoxication or Withdrawal Initials Designation SECTION # 2: Screening Tool Outcome Alert is required when: At least one (1) yes in Section 1A or 1B OR Two (2) or more yes in section 1C Alert required (Proceed to section #3) Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere: Initials: Initials:								
aggression. Angry or Irritable Paranoid or Suspicious Initials Designation SECTION # 2: Screening Tool Outcome Alert is required when: At least one (1) yes in Section 1A or 1B OR Two (2) or more yes in section 1C Alert required (Proceed to section #3) Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere: Initials:		Agitated or Impulsive						
Paranoid or Suspicious Substance Intoxication or Withdrawal Initials Designation SECTION # 2: Screening Tool Outcome Alert is required when: ➤ At least one (1) yes in Section 1A or 1B OR ➤ Two (2) or more yes in section 1C Alert required (Proceed to section #3) Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere:	aggression.							
Substance Intoxication or Withdrawal Initials Designation SECTION # 2: Screening Tool Outcome Alert is required when: At least one (1) yes in Section 1A or 1B OR Two (2) or more yes in section 1C Alert required (Proceed to section #3) Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere:								
SECTION # 2: Screening Tool Outcome Alert is required when: At least one (1) yes in Section 1A or 1B OR Two (2) or more yes in section 1C Alert required (Proceed to section #3) Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere:		·						
SECTION # 2: Screening Tool Outcome Alert is required when: At least one (1) yes in Section 1A or 1B OR Two (2) or more yes in section 1C Alert required (Proceed to section #3) Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere:		Initials						
SECTION # 2: Screening Tool Outcome Alert is required when: > At least one (1) yes in Section 1A or 1B OR > Two (2) or more yes in section 1C Alert required (Proceed to section #3) Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere:								
Alert is required when: At least one (1) yes in Section 1A or 1B OR Two (2) or more yes in section 1C Alert required (Proceed to section #3) Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere: Initials:	CECTION							
 At least one (1) yes in Section 1A or 1B OR Two (2) or more yes in section 1C ☐ Alert required (Proceed to section #3) ☐ Alert not required (document on patient's chart) Additional comments related to screening and assessment outcome not captured elsewhere: 								
Additional comments related to screening and assessment outcome not captured elsewhere: Initials:	> At least one OR	e (1) yes in Section 1A <u>or</u> 1B						
Additional comments related to screening and assessment outcome not captured elsewhere: Initials:	□ ∆lert reα	uired (Proceed to section #3)						
Additional comments related to screening and assessment outcome not captured elsewhere: Initials:	=							
Initials:	☐ Alert Hot	required (document on patient's chart)						
	Additional comr	nents related to screening and assessment outcome not captured elsewhere:						
	Initials:							
This screening tool shall be placed in the Patient record		This screening tool shall be placed in the Patient record						
Refer to your program's Alert System		Refer to your program's Alert System						

SECTION # 3: Alert Activation and Care Planning								
Alert activated by:								
Alert activated by.								
Na	me(Please Print) Designation	ion	Date (dd/mmm/www)	Time (24 Hr Clock)				
Activate Alert system as applicable to your facility or Program (Check off how alert was activated)	 □ Electronic alert in sector specific software □ Documented Alert in IPN Violence and Aggression sign: □ Near the bed of the identified patient □ Beside patients room door □ At the Nursing Station to alert staff □ Other methods as identified by Regional Direct Program 	tor of	Violence/Aggression symbol on: Patient identification wrist band Kardex/Care plan Emergency room/Outpatient Departm Medication Administration Record Physician's Orders All requisitions and referrals complete Spine or front cover of Health Record Other methods as identified by Region Program	ent Record d during visit				
Establish a plan of care	 ☐ Health Care team to review and revise Care Pl ☐ Document incidences of violence and aggression 			01)				
Section	□ Re-Assessment Date and Time: Section #4: Alert Deactivation							
Section	#4. Alert Deactivation							
Alert deactivated by: Name(Please Print) Designation Date (dd/mmm/yyyy) Time (24 Hr Clock) Reason for deactivation:								
	N #5: Discharge or Transfer (Cl							
Decision re health care	garding removing or maintaining a patient' team.	's Aler	t at discharge or transfer is at the c	liscretion of the				
	or aggressive behavior for the patient has been mitigated, the alert may be removed		Discontinue Alert					
If the patient continues to demonstrate the potential for violence or aggression , the alert shall be maintained			□ Maintain Alert Sinical handoff Communicate risks to EMS (or other porter) and receiving site/facility/department/healthcare professional. □ Photocopy and provide documents related to violence and aggression including care map and care plan for the receiving site/facility/department/program/service or healthcare professional.					
Additional comments.								
Discharge/T		Designa	ation Date (dd/mmm/yyyy)	Time(24 Hr clock)				