



**Violence Prevention
Program Care Plan
Guide:
Acute Care**



Items may apply in multiple areas of the care plan – reason, behavior trigger and intervention.
Check all that apply and circle most appropriate issue/action.)

Reason for Alert	Behaviour Triggers
<ul style="list-style-type: none"> <input type="checkbox"/> History of violence or aggression to caregivers or others. <input type="checkbox"/> History of threats toward Health care team. <input type="checkbox"/> Angry outburst / verbal aggression. <input type="checkbox"/> Threat (verbal or physical). <input type="checkbox"/> Physical aggression (describe): _____ _____ <input type="checkbox"/> Sexually aggressive / inappropriate. <input type="checkbox"/> Agitation / impulsivity. <input type="checkbox"/> Paranoid/delusions/hallucinations. <input type="checkbox"/> Resistive / refusal of care. <input type="checkbox"/> Disruptive to other individuals (describe): _____ _____ <input type="checkbox"/> Reacts to specific gender of care provider (M/F). <input type="checkbox"/> Reacts to care provider(s) characteristics (describe): _____ _____ <input type="checkbox"/> Reacts to persons of specific ethnicity (specify): _____ _____ <input type="checkbox"/> Reacts to Other (Specify): _____ _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Physical need: hunger / thirst / elimination / bowel / bladder/ body temperature. <input type="checkbox"/> Pain: _____ <input type="checkbox"/> Memory/cognitive impairment (describe): _____ _____ <input type="checkbox"/> Substance use / withdrawal (ETOH, drugs, solvents, nicotine). <input type="checkbox"/> Medication / anesthetic related (reaction or adherence). <input type="checkbox"/> Barriers: communication, language, hearing loss, glasses (describe): _____ _____ <input type="checkbox"/> Fear / anxiety / confusion / frustration (describe): _____ _____ <input type="checkbox"/> Separation anxiety (describe): _____ _____ <input type="checkbox"/> Unmet emotional need (describe): _____ _____ <input type="checkbox"/> Lack of control / lack of decision making. <input type="checkbox"/> Environment (temperature, noise, lights). <input type="checkbox"/> Time of day (describe): _____ _____ <input type="checkbox"/> Specific care provider gender: _____ <input type="checkbox"/> Specific care provider ethnicity (identify): _____ _____ <input type="checkbox"/> Specific care provider characteristics / approach: _____

