

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.)

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	Reason for Alert		Behaviour Triggers		
	History of violence or aggression to caregivers or others.		Physical need: hunger / thirst / elimination / bowel / bladder/ body temperature.		
	History of threats toward Health care team.		Pain:		
_ _	Angry outburst / verbal aggression. Threat (verbal or physical).		Memory/cognitive impairment (describe):		
	Physical aggression (describe):		Substance use / withdrawal (ETOH, drugs, solvents, nicotine).		
0	Sexually aggressive / inappropriate. Agitation / impulsivity.		Medication / anesthetic related (reaction or adherence).		
	Paranoid/delusions/hallucinations. Resistive / refusal of care.		Barriers: communication, language, hearing loss, glasses (describe):		
	Disruptive to other individuals (describe):		Fear / anxiety / confusion / frustration (describe):		
	Reacts to specific gender of care provider (M/F). Reacts to care provider(s) characteristics		Separation anxiety (describe):		
	(describe):		Unmet emotional need (describe):		
	Reacts to persons of specific ethnicity (specify):		Lack of control / lack of decision making.		
	Reacts to Other (Specify):		Environment (temperature, noise, lights). Time of day (describe):		
			Specific care provider gender:		
			Specific care provider ethnicity (identify):		
			Specific care provider characteristics / approach:		
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Violence Prevention Program Care Plan Guide: Acute Care (continued)



Interventions					
Communication	Patient Spe	cific Personal Safety / Staff			
Greet patient and family with their preferred name using eye contact and a smile	I Ensure sensory assis are used (glasses/he etc.).	earing aids, background/preferences).			
Identify yourself by name/role and tell them what you are there to do.	Involve interpreter a and/or utilize a tran strategy.				
Explain the procedures and processes with expected time	Anticipate/minimize triggers.	behavioral Consider staff exit path and remove self as required.			
frames, anticipated waits, and provide update whenever there are changes.	Consider nicotine th needed.	potentially result in personal har			
Confirm understanding.	Establish a consister manage	t plan to (e.g. lanyards) as feasible. ☐ Prepare all supplies prior to			
Pay attention to body language and non-verbal communication of	paranoia/delusions/ Develop and mainta	frequent interruptions/patient			
self and patient/family. Actively listen, hear concerns, acknowledge emotions, and	(sitting up as able for ensure lighting approtime of day).	or meals, becoming impatient with care.			
validate feelings. Use respectful tone and be non-	J Minimize environme overstimulation (e.g				
judgmental.	noise/light).				
Interactions should be simple, avoid arguing, and focus on empathy.	Use therapeutic activities/touch/bladengage patient in m				
Re-orient as appropriate.	activity.				
Protect and maintain patient's privacy.	J Understand and man expectations.	nage patient			
Be patient focused - not task focused.	Involve family/careg appropriate: utilize,				
Give patient time to process information and provide a response prior to giving more information.	engage. Identify and validate and expectations (m meet fully but will b acknowledged):	nay not be able			
Offer realistic choices.					
Set limits that are reasonable and given respectfully.	helpful/works for in				
Give clear, short instructions / direction.	upset: ———————				