

Violent and Aggressive Patient

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The most common precipitants of violence and agitation

- Confusion (delirium due to organic disease)
- Hypoxia
- Infection
- Alcohol use
- Physical pain
- Psychological stress
- Psychiatric causes eg violence or delusions

GUIDELINE

- This guidelines deals with the management of the agitated or violent behaviours in the non confused, non- delirious patient
- Agitation in patients is common but violence is rare

PREDICTION

- Personal History – previous history of violence
- Drug or Alcohol misuse
- Use of weapons
- Recent Stressors
- Clinical Variables
- Confusional state
- Active symptoms of schizophrenia or mania
- Situational Variables

Warning Signs

- Tense and angry facial expressions
- Restlessness/pacing
- Increased volume of speech
- Prolonged eye contact
- Withdrawal or refusal to communicate
- Verbalising anger or frustration
- Verbal threats or gestures
- Blocking escape routes

PREVENTION

- Professional approach
- Avoid Provocation and be Self Aware

DE-ESCALATION

- One staff member should assume control of the situation
- Communicate to the other staff members
- Ask and obtain all the facts
- Stay calm

REMOVAL FROM THE HOSPITAL

- Ensure that the patient is medically cleared
- Exclusion of an organic cause for the agitation or violence
- Medical clearance may involve a brief discussion or a full work up inclusive of sedation and CT Scan

Other points to consider

- Cultural and language differences
- Drug and Alcohol misuse
- Competence of the patient prior to intervention
- Consent prior to any intervention
- Documentation of all events prior to intervention and post intervention

INTERVENTIONS

- Physical intervention
- Medication intervention
- Rapid Tranquilisation

REMEMBER

- Agitation is common
- Safety of staff and members of the public is paramount
- If anyone feels under threat they should remove themselves from the situation
- Violence is rare