Predicting Violent Outbursts In The Emergency Department Using The Bröset Violence Checklist (BVC)

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Predicting Violent Outbursts In The Emergency Department Using The Bröset Violence Checklist (BVC)

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BACKGROUND

• First hand experience at the bedside led us to uncover an absence of a formula that corresponds to a patients’ behaviors that are predictive of violent outbursts.

• The Bröset Violence Checklist (BVC) consists of six violence risk predictors, where if a patient exhibits the behavior, they score a “1” for that category, and if they are not exhibiting that behavior, they score a “0.” These are then added together to get the patients score. The risk behavior categories include: confusion, irritability, boisterousness, verbal threats, physical threats, and attacking objects.

<table>
<thead>
<tr>
<th></th>
<th>Time Assessment Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confused</td>
<td>0</td>
</tr>
<tr>
<td>Irritable</td>
<td>1</td>
</tr>
<tr>
<td>Boisterous</td>
<td>1</td>
</tr>
<tr>
<td>Verbal Threats</td>
<td>1</td>
</tr>
<tr>
<td>Physical Threats</td>
<td>0</td>
</tr>
<tr>
<td>Attacking Objects</td>
<td>0</td>
</tr>
<tr>
<td>Total Points</td>
<td>3</td>
</tr>
</tbody>
</table>

• The BVC provides staff with information about each patients, “propensity for aggression…allowing staff to implement biopsychosocial interventions and preventative strategies to avert aggression…” (Chu, Daffern, & Ogloff, 2013).

• Amongst 54.81% of Cedar Crest ED nursing staff, the average number of times a nurse placed a patient in violent restraints/seclusion was >15.

• Amongst 54.81% of Cedar Crest ED nursing staff, the number of IM medications given to a violent psychiatric patient was >15. These medications included Ativan, Haldol, Cogentin, and Valium.

PICO QUESTION

• Does the use of the BVC accurately predict violent outbursts in the Emergency Department in the acutely ill psychiatric population, therefore, leading to early intervention?

METHODS

• A meeting was held with all charge nurses and the education committee to discuss the project and demonstrate usage of the BVC.

• An email was sent to all 135 Cedar Crest ED nurses with instructions for completion and a sample completed checklist for reference.

• A folder with blank copies of the BVC was placed at the nurses computer for beds 19 and 20, where we primarily keep our acutely ill psychiatric patients. Instructions and a sample of a completed scale were attached to this folder.

• Following a two month pilot study in the ED, a questionnaire regarding satisfaction and experience was sent to all 135 Cedar Crest ED nurses.

RESULTS

• 52 patients were observed during our study period. Of these, 25 patients scored >1 throughout their stay in the ED.

• Change In BVC Score
  - Decrease In Score
  - Increase In Score

• 64.86% of respondent’s believe that our acutely ill psychiatric patients are not medicated in a timely fashion.

• Zero patients were restrained after pharmacological intervention.

• Data collected through our pilot study revealed that the Bröset Violence Checklist accurately predicts violent behavior in the psychiatric patient population presenting to the ED.

CONCLUSIONS

REFERENCES


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