

Violence Assessment Tool Acute (VAT)

Patient Name: _____

MRN: _____

Initial Assessment

Reassessment

Violence Risk Indicators

Read the list of behaviors below and identify behaviors that will require specific care interventions. A score of 1 is applied for past occurrence of any of the History of Violence behaviors; and additional scores of 1 are applied for each observed behavior. Add the scores— the maximum is 12.

HISTORY OF VIOLENCE: Score 1 for past occurrence of any of the following:	SCORE
<ul style="list-style-type: none"> ▪ Exercising physical force, in any setting, towards any person including a caregiver that caused or could have caused injury. ▪ Attempting to exercise physical force, in any setting, towards any person including a caregiver that could cause injury. ▪ Statements or behaviors that could reasonably be interpreted as threatening to exercise physical force, in any setting, against any person including a caregiver that could cause injury 	
OBSERVED BEHAVIORS: Score 1 for each of the observed behavior categories below.	SCORE
Confused (Disoriented – e.g., unaware of time, place, or person)	
Irritable (Easily annoyed or angered; Unable to tolerate the presence of others; Unwilling to follow instructions)	
Boisterous (Overtly loud or noisy – e.g., slamming doors, shouting etc.)	
Verbal Threats (Raises voice in an intimidating or threatening way; Shouts angrily, insulting others or swearing; Makes aggressive sounds)	
Physical Threats (Raises arms / legs in an aggressive or agitated way; Makes a fist; Takes an aggressive stance; Moves / lunges forcefully towards others)	
Attacking Objects (Throws objects; Bangs or breaks windows; Kicks object; Smashes furniture)	
Agitate/Impulsive (Unable to remain composed; Quick to overreact to real and imagined disappointments; Troubled, nervous, restless or upset; Spontaneous, hasty, or emotional)	
Paranoid / suspicious (Unreasonably or obsessively anxious; Overly suspicious or mistrustful – e.g., belief of being spied on or someone conspiring to hurt them)	
Substance intoxication / withdrawal (Intoxicated or in withdrawal from alcohol or drugs)	
Socially inappropriate / disruptive behavior (Makes disruptive noises; Screams; Engages in self-abusive acts, sexual behavior or inappropriate behavior – e.g., hoarding, smearing feces / food, etc.)	
Body Language (Torso shield – arms / objects acting as a barrier; Puffed up chest – territorial dominance; Deep breathing / panting; Arm dominance – arms spread, behind head, on hips; Eyes – pupil dilation / constriction, rapid blinking, gazing; Lips – compression, sneering, blushing / blanching)	
TOTAL SCORE	
Patient's Risk Rating: <input type="checkbox"/> Low (0) <input type="checkbox"/> Moderate (1-3) <input type="checkbox"/> High (4-5) or Very High (6+)	

Completed By Name/Designation _____ Date: _____

Overall Risk Rating

Apply the total behavior score to the Risk Rating Scale to determine whether the patient’s risk level is low, moderate, high or very high. Each level provides cues for further action to consider. If moderate or high / very high risk is determined, complete Section C to identify factors that may trigger or escalate violent, aggressive, or responsive behavior and ensure the care plan includes measures to avoid or reduce risk behaviors identified.

Overall Score	Actions to take
Low Score of 0	<input type="checkbox"/> Continue to monitor and remain alert for any potential increase in risk. <input type="checkbox"/> Communicate changes in behaviors, which put others at risk, to immediate supervisor. <input type="checkbox"/> Ensure communication devices / processes are in place (e.g., phone, personal safety alarm, check-in protocol and / or global positioning tracking system/watchmate)
Moderate Score of 1-3	<input type="checkbox"/> Apply flag alert and activate appropriate level of observation. <input type="checkbox"/> Notify the immediate supervisor to inform relevant staff and coordinate safe patient placement, unit staffing, and workflow. <input type="checkbox"/> Alert security and request assistance and inform security of risk management plan. <input type="checkbox"/> Scan environment for potential risks and remove if possible. <input type="checkbox"/> Ensure patient safety plan is completed and initiate the safety care planning process –addressing known triggers, behaviors and include patient safety measures. <input type="checkbox"/> Use effective therapeutic communication (e.g., maintain a calm, reassuring demeanor, remain non-judgmental, empathetic and provide person-centered care, respect personal space, actively listen, offer choice etc.) <input type="checkbox"/> Apply behavior management training according to organizational policy/ procedures appropriate for the situation – such as de-escalation GPA, NVCI, ACW training. <input type="checkbox"/> Activate least restraint procedures, chemical restraint, quiet room, physical comfort measures. <input type="checkbox"/> Ensure communication devices / processes are in place (e.g., phone, personal safety alarm, check-in protocol and / or global positioning tracking system) <input type="checkbox"/> Communicate changes in behaviors, which puts patients at risk, to immediate supervisor. <input type="checkbox"/> Inform patient/family/etc. of VAT results, when safe to do so <input type="checkbox"/> <u>Other</u>
High Score of 4-5 OR Very High Score of 6+	<input type="checkbox"/> Apply flag alert and activate appropriate level of observation. <input type="checkbox"/> Notify the immediate supervisor to inform relevant staff and coordinate safe patient placement, unit staffing, and workflow. <input type="checkbox"/> Alert security and request assistance and inform security of risk management plan. <input type="checkbox"/> Scan environment for potential risks and remove if possible. <input type="checkbox"/> Ensure patient safety plan is completed and initiate the safety care planning process –addressing known triggers, behaviors and include patient safety measures. <input type="checkbox"/> Apply behavior management training according to organizational policy/ procedures appropriate for the situation – such as de-escalation GPA, NVCI, ACW training, <input type="checkbox"/> Activate least restraint procedures, chemical, physical or mechanical as a last resort. <input type="checkbox"/> Initiate code white response. <input type="checkbox"/> Call 911 if needed. <input type="checkbox"/> Mechanical restraint Geri chair, Limb, ERC/PINEL etc. Restraint (Can this be a fire into the restraint form if checked) <input type="checkbox"/> Triage to seclusion room with closed circuit television monitoring or constant observation <input type="checkbox"/> Ensure communication devices / processes are in place (e.g. Phone, personal safety alarm, check-in protocol and / or global positioning tracking system) <input type="checkbox"/> Communicate changes in behaviors, which puts patients at risk, to immediate supervisor. <input type="checkbox"/> Inform patient/family/etc. of VAT results, when safe to do so <input type="checkbox"/> Other: _____

Patient Safety Plan

Physical, psychological, environmental, and activity triggers can lead to or escalate violent, aggressive or responsive behaviors. Documenting known triggers and behaviors and asking your patient or substitute decision maker (SDM) to help identify them can help you manage them more effectively and safely. Use the information collected and the intervention to develop an individualized violence prevention care plan and a safety plan to protect workers at risk.

QUESTION FOR CLIENT RE TRIGGERS		CONSIDERATIONS – Select any that Apply			
<p>To help us provide the best care possible, please describe if there is anything during your stay that could cause you to become agitated, upset or angry. e.g., I am agitated when...</p>	<p>PHYSICAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> hunger <input type="checkbox"/> pain <input type="checkbox"/> infection <input type="checkbox"/> new medication <input type="checkbox"/> nausea <input type="checkbox"/> other _____ 	<p>PSYCHOLOGICAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> fear <input type="checkbox"/> uncertainty <input type="checkbox"/> feeling neglected <input type="checkbox"/> loss of control <input type="checkbox"/> being told to calm down <input type="checkbox"/> being lectured <input type="checkbox"/> other _____ 	<p>ENVIRONMENTAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> noise <input type="checkbox"/> temperature <input type="checkbox"/> privacy <input type="checkbox"/> time of day <input type="checkbox"/> season <input type="checkbox"/> visitors _____ <input type="checkbox"/> small spaces <input type="checkbox"/> overcrowding <input type="checkbox"/> lighting <input type="checkbox"/> scents <input type="checkbox"/> other 	<p>ACTIVITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> bathing <input type="checkbox"/> medication <input type="checkbox"/> past experiences <input type="checkbox"/> toileting <input type="checkbox"/> changes in routine <input type="checkbox"/> routine care <input type="checkbox"/> other _____ 	
	<p>What works to prevent or reduce the behavior(s) e.g., When I am agitated, it helps if I...</p>	<p>POTENTIAL DE-ESCALATION TECHNIQUES Identify potential de-escalation strategies using above information such as respect for personal space, actively listening, offering choices, eye contact, use humor.</p>			
<p>SAFETY PLAN WITH PATIENT</p>		<p>CONSIDERATIONS – Select any that Apply</p>			
<p>Possible suggestions: Things to help you feel more in control of your behavior and emotions. We may not be able to provide all of these, but we will collaborate with you to help you feel more in control.</p> <p><input type="checkbox"/> Staff explain to patient, if these techniques fail and you still become out of control we will assist physically, chemically or mechanically to help you regain control.</p>	<p>PHYSICAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Warm shower <input type="checkbox"/> Warm bath <input type="checkbox"/> cold shower <input type="checkbox"/> cold bath <input type="checkbox"/> warm drink <input type="checkbox"/> cold drink <input type="checkbox"/> warm Blanket <input type="checkbox"/> pacing <input type="checkbox"/> putting hands in cold water <input type="checkbox"/> putting ice on wrist <input type="checkbox"/> wrist tapping <input type="checkbox"/> distraction <input type="checkbox"/> other _____ 	<p>PSYCHOLOGICAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> medication <input type="checkbox"/> meditation <input type="checkbox"/> relaxation <input type="checkbox"/> deep breathing <input type="checkbox"/> grounding <input type="checkbox"/> mindfulness <input type="checkbox"/> visualization <input type="checkbox"/> comfort object <input type="checkbox"/> other _____ 	<p>ENVIRONMENTAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> cultural ritual <input type="checkbox"/> talking to co-patient <input type="checkbox"/> group support <input type="checkbox"/> dimmed lighting. <input type="checkbox"/> relaxing environment <input type="checkbox"/> open door <input type="checkbox"/> closed door <input type="checkbox"/> fresh air outside if possible <input type="checkbox"/> sit by window. <input type="checkbox"/> other 	<p>ACTIVITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> eat <input type="checkbox"/> drink <input type="checkbox"/> exercise <input type="checkbox"/> punch a pillow. <input type="checkbox"/> reading <input type="checkbox"/> journaling <input type="checkbox"/> watch TV. <input type="checkbox"/> yoga <input type="checkbox"/> play a game. <input type="checkbox"/> Other _____ 	

