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Review of Utilizing the Brøset Violence Checklist in Early Identification and Prevention of Aggressive Patient Behavior

Aniza Cabrales-Rios RN, Brianne Clinton RN, Jarrod Feight RN, Mayrelin Reyes-Basilio RN, and Jessica Vega RN

Clinical Issue

Increase in number of BERTs called due to patient agitation and/or violent behavior.

PICO Question

In pediatric patients admitted for behavioral health concerns, what effect does implementing the Brøset Violence Checklist, a standardized violence prediction tool, have on violent behavior as opposed to a protocol not being implemented?

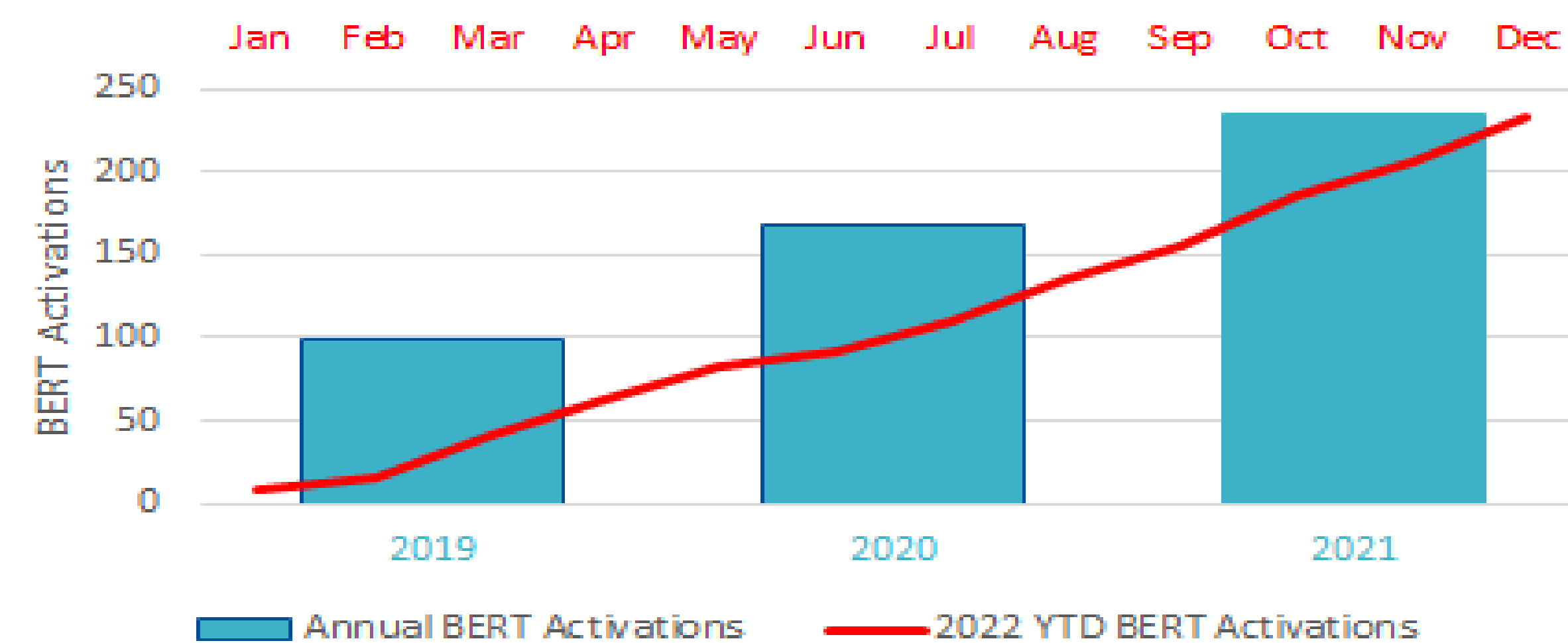
Goal

Reduce the number of BERTS called through early identification of patient agitation and/or violent behavior.

Conclusion

Based on the pertinent evidence available, it was found that the implementation of a standardized assessment tool such as the Brøset Violence Checklist supports early recognition of escalating behaviors to further support proactive measures for de-escalation.

Annual and 2022 YTD BERT Activations (Dallas Campus)



Graph 1: BERT data from CMC Dallas Campus

Literature Review

- It was found that implementing the Brøset scores "allowed for early identification and treatment of escalating agitated behavior" (Dalton et al., 2021).
- Percentage of restraints ordered for children admitted for behavioral health conditions decreased from 2.6% to 0.9%. This decrease sustained 19 months without increasing the rate of staff safety events (Dalton et al., 2021).
- The tool standardized communication surrounding agitation between providers and staff allowed for rapid de-escalation via non-pharmacologic and pharmacologic treatments defined by the admission order set (Dalton et al., 2021).

Brøset Violence Checklist

| | Monday / / | | | Tuesday / / | | |
|----------------------------|------------|-----------|--------|-------------|-----|-----|
| | Night | Day | Eve | Night | Day | Eve |
| Confused | | | | | | |
| Irritable | | | | | | |
| Boisterous | | | | | | |
| Verbal threats | | | | | | |
| Physical threats | | | | | | |
| Attacking objects | | | | | | |
| SUM | | | | | | |
| INTERVENTIONS | | | | | | |
| 0 = no interventions | INIT | DATE/TIME | SIGNAT | | | |
| 1 = verbal de-escalation | | | | | | |
| 2 = diversional activity | | | | | | |
| 3 = ↓ stimulation | | | | | | |
| 4 = sensory modulation | | | | | | |
| 5 = medication | | | | | | |
| 6 = continuous supervision | | | | | | |
| 7 = seclusion | | | | | | |
| 8 = restraint | | | | | | |

Figure 1: BVC Example (Almvik, R. 2015)

Recommendations

- Implementation of the Brøset Violence Checklist utilizing the psychiatric resource nurses during routine rounding, ideally at least 2 times per 24-hour period.
- Compile the data obtained over a six-month period of Brøset scores and analyze number of BERTs called on patients with elevated Brøset scores.
- If a strong correlation exists, implement a clinical de-escalation protocol based off the Brøset score.
- Further pediatric research should be done regarding appropriate clinical de-escalation protocol.

References:

1. Almvik, R. (2015). Risk assessment made easy The Brøset Violence Checklist (BVC). Retrieved from <https://restraintreductionnetwork.org/wp-content/uploads/2015/06/10-Roger-Almvik-2015.pdf>.
2. Dalton, E. M., Herndon, A. C., Cundiff, A., Fuchs, D. C., Hart, S., Hughie, A., Kreth, H. L., Morgan, K., Ried, A., Williams, D. J., & Johnson, D. P. (2021). Decreasing the Use of Restraints on Children Admitted for Behavioral Health Conditions. *Pediatrics*, 148(1). <https://doi.org/10.1542/peds.2020-003939>