

Broset Violence Checklist and Chemical Management of Potentially Violent Individuals

- Applies to:**
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|--------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Hospital | <input type="checkbox"/> All Sites |
| <input type="checkbox"/> Long Term Care Facility | <input checked="" type="checkbox"/> Department Specific: ED, AC, MIMC |
| <input type="checkbox"/> Clinic Service | <input type="checkbox"/> |
| <input type="checkbox"/> Administration | |

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Purpose: To provide a tool to assist in predicting violent behavior and standardized options for chemical stabilization of potentially violent individuals

Replaces: None

Policy:

1. The Broset Violence Checklist (BVC) is a six item checklist which assists in predicting violent behavior within a 24-hour period. It is based on the concept that violent behavior often has warning signs.
2. The BVC is a validated structured clinical instrument developed initially to predict violence in the inpatient psychiatric units. It can be used for ongoing risk assessment as warranted during a patient stay.

Procedure:

1. Six items are scored: confusion, irritability, boisterousness, verbal threats, physical threats, and attacking objects.
 - a. Confused – appears obviously confused and disorientated
 - b. Irritable – easily annoyed or angered. Unable to tolerate the presence of others
 - c. Boisterous – behavior is overtly loud or noisy
 - d. Verbal threats – a verbal outburst which is more than just a raised voice and where there is a definite intent to intimidate or threaten another person
 - e. Physical threats – where there is a definite intent to physically threaten another person
 - f. Attacking objects – an attack directed at an object and not an individual, e.g. indiscriminate throwing of an object, banging or smashing windows, kicking or head-butting an object
2. Absence of behavior for each category gives a score of 0. Presence of behavior gives a score of 1. Maximum score (sum) is 6.
3. If behavior is normal for a well-known patient, only an increase in behavior scores 1. For instance, if a well-known client normally is confused (has been so for a long time), this will give a score of 0. If an **increase** in confusion is observed, this gives a score of 1.
4. Risk level for violence can be assessed with the BVC score
 - a. A score of 0 on the BVC is considered **low** risk.
 - b. A score of 1-2 on the BVC is considered moderate risk.

- c. A score of 3 or higher means that the patient is at a very high risk of becoming violent.
- 5. Chemical Stabilization may be administered based on the patient's age and BVC score.
 - a. See Appendix A for Chemical Stabilization for patients aged 60 or less. If the under 60 years old patient has hepatic insufficiency or for other situations where a reduced dose is appropriate.
 - b. See Appendix B for Chemical Stabilization for patients over age 60 years or with patients with hepatic insufficiency or for other situations where a reduced dose is appropriate.
 - c. Dosage is based according to the Broset Violence Checklist scores.

Appendix A

Chemical Stabilization for patients aged 60 or less

Dosing According to Broset Violence Checklist Scores

Use >60 years old order set if hepatic insufficiency or for other situations where a reduced dose is appropriate.

Antipsychotics for BVC Score of 1-2 (Choose one)		
Drug	Dose	Comments
Haldol	5 mg oral, Tab, q4h prn	PRN Moderate Agitation. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate). Maximum dose of haloperidol (Haldol) 20 mg per 24 hours. If patient exceeds maximum dose in a 24 hour period, contact ordering provider.
Haldol IM	5 mg IM, Inject, q4h prn	PRN Moderate Agitation. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate). Maximum dose of haloperidol (Haldol) 20 mg per 24 hours. If patient exceeds maximum dose in a 24 hour period, contact ordering provider.
Zyprexa	5 mg oral, Tab, q4h prn	PRN Moderate Agitation. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate). Maximum dose of Olanzapine (Zyprexa) 20 mg per 24 hours. If patient exceeds maximum dose in a 24 hour period, contact ordering provider.
Zyprexa IM	5 mg IM, Inject, q4h prn	PRN Moderate Agitation. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate). Maximum dose of Olanzapine (Zyprexa) 20 mg per 24 hours. If patient exceeds maximum dose in a 24 hour period, contact ordering provider.
Risperdal M-Tab	2 mg oral, Tab soluble, q4h prn	PRN Moderate Agitation
Abilify	5 mg oral, Tab, q4h prn	PRN Moderate Agitation. Maximum dose of aripiprazole (Abilify) 30 mg per 24 hours. If patient exceeds maximum dose in a 24 hour period, contact physician.
Antipsychotics for BVC Score of 3 or greater		
Drug	Dose	Comments
Zyprexa	10 mg, Oral, Tab, q8h PRN Severe Agitation	Prior to administration, may discuss with the patient their preferred route of administration (if appropriate). Maximum dose of olanzapine (Zyprexa) 30 mg IM per 24 hours. If patient exceeds maximum available dose in a 24 hour period, contact physician.
Zyprexa IM	10 mg, IM, Inject (IM Only), q8h PRN Severe Agitation	Prior to administration, may discuss with the patient their preferred route of administration (if appropriate). Maximum dose of olanzapine (Zyprexa) 30 mg IM per 24 hours. If patient exceeds maximum available dose in a 24 hour period, contact physician.

Risperdal M-Tab	4 mg, Oral, Tab Soluble, q4h, PRN Severe Agitation	Maximum dose of risperidone (Risperdal) 16 mg per 24 hours. If patient exceeds maximum dose in a 24 hour period, contact physician.
Abilify	10 mg, Oral, Tab, q4h, PRN Severe Agitation	Maximum dose of aripiprazole (Abilify) 30 mg per 24 hours. If patient exceeds maximum dose in a 24 hour period, contact physician.
Haldol	10 mg, Oral, Tab, q4h, PRN Severe Agitation	Prior to administration, may discuss with the patient their preferred route of administration (if appropriate). Maximum dose of haloperidol (Haldol) 20 mg per 24 hours. If patient exceeds maximum dose in a 24 hour period, contact physician.
Haldol IM	10 mg, IM, q4h, PRN Severe Agitation	Prior to administration, may discuss with the patient their preferred route of administration (if appropriate). Maximum dose of haloperidol (Haldol) 20 mg per 24 hours. If patient exceeds maximum dose in a 24 hour period, contact physician.

Benzodiazepines for BVC Score of 1-2

Drug	Dose	Comments
Ativan	2 mg oral, Tab, q4h prn	PRN moderate agitation and anxiety; may be administered simultaneously with an antipsychotic if there is no improvement in the Broset score 4 hours after the first dose of antipsychotic. **EXCEPTION** may NOT combine with IM olanzapine. There must be a minimum 2-hour interval between olanzapine and lorazepam administration. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Ativan IM	2 mg IM, Inject, q4h prn	PRN moderate agitation and anxiety; may be administered simultaneously with an antipsychotic if there is no improvement in the Broset score 4 hours after the first dose of antipsychotic. **EXCEPTION** may NOT combine with IM olanzapine. There must be a minimum 2-hour interval between olanzapine and lorazepam administration. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).

Benzodiazepines for BVC Score of 3 or greater

Drug	Dose	Comments
Ativan	4 mg, Oral, Tab, q4h, PRN	PRN Severe Agitation and anxiety; may be administered simultaneously with an antipsychotic if there is no improvement in the Broset score 4 hours after the first dose of antipsychotic. **EXCEPTION** may NOT combine with IM olanzapine. There must be a minimum 2-hour interval between olanzapine and lorazepam administration.

		Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Ativan IM	4 mg, IM, q4h, PRN	PRN Severe Agitation and anxiety; may be administered simultaneously with an antipsychotic if there is no improvement in the Broset score 4 hours after the first dose of antipsychotic. **EXCEPTION** may NOT combine with IM olanzapine. There must be a minimum 2-hour interval between olanzapine and lorazepam administration. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Extrapyramidal Side Effects Treatment (Choose one)		
Drug	Dose	Comments
Cogentin	1 mg, oral, Tab, q4h prn	PRN extrapyramidal side effects. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Cogentin IM	1 mg, IM, Inject, q4h prn	PRN extrapyramidal side effects. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Benadryl	50 mg, oral, Cap, q4h prn	PRN extrapyramidal side effects. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Benadryl IM	50 mg, IM, Inject, q4h prn	PRN extrapyramidal side effects. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).

Appendix B

Chemical Stabilization for patients over age 60 years

Also utilize this checklist for individuals with hepatic insufficiency or for other situations where a reduced dose is appropriate

Dosing according to Broset Violence Checklist scores

Antipsychotics for BVC Score of 1-2 (Choose one)		
Drug	Dose	Comments
Haldol	2.5 mg, Oral, Tab, q4h PRN	PRN Moderate Agitation. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Haldol IM	2.5 mg, IM, q4h, PRN	PRN Moderate Agitation. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Zyprexa	2.5 mg, Oral, Tab, q4h, PRN	PRN Moderate Agitation. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Zyprexa IM	2.5 mg, IM, Inject (IM Only), q4h, PRN	PRN Moderate Agitation. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Risperdal M-Tab	1 mg, Oral, Tab Soluble, q4h, PRN	PRN Moderate Agitation
Abilify	2.5 mg, Oral, Tab, q4h, PRN	PRN Moderate Agitation
Antipsychotics for BVC Score of 3 or greater (Choose one)		
Drug	Dose	Comments
Zyprexa	5 mg, Oral, Tab, q8h, PRN Severe Agitation	Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Zyprexa IM	5 mg, IM, Inject (IM Only), q8h, PRN Severe Agitation	Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Risperdal M-Tab	2 mg, Oral, Tab Soluble, q4h, PRN Severe Agitation	PRN Severe Agitation
Abilify	5 mg, Oral, Tab, q4h, PRN Severe Agitation	Maximum dose of aripiprazole (Abilify) 30 mg per 24 hours. If patient exceeds maximum dose in a 24 hour period, contact physician.
Haldol	5 mg, Oral, Tab, q4h, PRN Severe Agitation	Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Haldol IM	5 mg, IM, q4h, PRN Severe Agitation	Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).

Benzodiazepines for BVC Score of 1-2		
Drug	Dose	Comments
Ativan	1 mg, Oral, Tab, q4h, PRN	PRN Moderate agitation and anxiety; may be administered simultaneously with an antipsychotic if there is no improvement in the Broset score 4 hours after the first dose of antipsychotic. **EXCEPTION** may NOT combine with IM olanzapine. There must be at minimum 2-hour interval between olanzapine and lorazepam administration. Prior to administration, may discuss with the patient their preferred route (if applicable).
Ativan IM	1 mg, IM, q4h, PRN	PRN Moderate agitation and anxiety; may be administered simultaneously with an antipsychotic if there is no improvement in the Broset score 4 hours after the first dose of antipsychotic. **EXCEPTION** may NOT combine with IM olanzapine. There must be at minimum 2-hour interval between olanzapine and lorazepam administration. Prior to administration, may discuss with the patient their preferred route (if applicable).
Benzodiazepines for BVC Score of 3 or greater		
Drug	Dose	Comments
Ativan	2 mg, Oral, Tab, q4h PRN	PRN Moderate agitation and anxiety; may be administered simultaneously with an antipsychotic if there is no improvement in the Broset score 4 hours after the first dose of antipsychotic. **EXCEPTION** may NOT combine with IM olanzapine. There must be at minimum 2-hour interval between olanzapine and lorazepam administration. Prior to administration, may discuss with the patient their preferred route (if applicable).
Ativan IM	2 mg, IM, q4h, PRN	PRN Moderate agitation and anxiety; may be administered simultaneously with an antipsychotic if there is no improvement in the Broset score 4 hours after the first dose of antipsychotic. **EXCEPTION** may NOT combine with IM olanzapine. There must be at minimum 2-hour interval between olanzapine and lorazepam administration. Prior to administration, may discuss with the patient their preferred route (if applicable).
Extrapyramidal Side Effects Treatment (Choose one)		
Drug	Dose	Comments
Cogentin	0.5 mg, Oral, Tab, q4h, PRN	PRN extrapyramidal side effects. Prior to administration, may discuss with the patient their preferred route of

		administration (if appropriate).
Cogentin IM	0.5 mg, IM, Inject, q4h, PRN	PRN extrapyramidal side effects. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Benadryl	25 mg, Oral, Cap, q4h, PRN	PRN extrapyramidal side effects. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).
Benadryl IM	25 mg, IM, Inject, q4h, PRN	PRN extrapyramidal side effects. Prior to administration, may discuss with the patient their preferred route of administration (if appropriate).

Author: _____ Date: _____

Approved By: _____ Date: _____

P&P Committee: _____ Date: _____

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