



***Suggested  
Guidelines and Checklists  
for Responding to  
Potentially Dangerous  
Resident Behaviors***

OCTOBER, 2004



## INTRODUCTION

The following documents have been prepared by the *Care and Case Study Committee*, a sub-group of the “Caring For Residents With Challenging Behaviors” Workgroup. The Committee is comprised of experienced professionals from various state planning, regulatory and advocacy agencies as well as private nursing home, psychiatric out-patient and in-patient treatment settings.

One of the goals of the *Care and Case Study Committee* has been to develop a “Best Practice” model to provide nursing home staff with suggested guidelines for how to assess and manage situations in which a resident of their facility presents challenging behaviors, which may require the involvement of other health care providers or treatment settings.

The *Care and Case Study Committee* has recognized that the most common resident behaviors that have become a challenge for nursing home staff to manage have been those which have presented actual or perceived risk of harm to the residents themselves or to others. Many times these situations can lead to Emergency Transport of a resident to an acute care setting for further evaluation and in-patient treatment, when the resident’s condition might have been treated at the nursing home. There are also occasions in which a receiving hospital does not recognize the severity or potential dangers of precipitating behaviors, due to a lack of sufficient information.

The following *Intervention Guidelines and Checklists* are being offered as suggestions to nursing home staff for what factors and conditions could be considered in their attempts to ascertain what the symptom is, what may be precipitating the symptom, and what recourse might be taken to treat the symptom.

The *Care and Case Study Committee* has put forth these suggested documents with emphasis on:

- The importance of interacting with the resident via interview and de-escalation interventions to determine what the symptoms are, rather than relying solely on hearsay or the perceptions of others, and that
- The suggested guidelines are not intended to preclude the arrangements of any appropriate consultation or evaluations of the resident by Mental Health Practitioners. These suggested interventions are intended to assist in the assessment, de-escalation or stabilization of potentially harmful symptoms or conditions.\*

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\*This statement has been included on the Intervention Guidelines that follow.

## INTERVENTION GUIDELINES AGGRESSIVE BEHAVIOR/ DANGEROUS TO OTHERS

(The resident expresses intent to harm another person or exhibits behavior which presents an imminent risk of danger or harm to another person)

**The following suggested guidelines are not intended to preclude the arrangements of any appropriate consultation or evaluations of the resident by Mental Health Practitioners. These suggested questions are intended to assist in the full assessment, de-escalation or stabilization of potentially harmful symptoms or conditions.**

For Residents who are expressing an intent to harm other persons or otherwise exhibit behavior which presents a risk of danger or harm to others.  
**NOTE: Do not leave resident unattended until further assessments can be made by Licensed Staff and further direction is provided.**

**PLEASE DOCUMENT ANY OF THE FOLLOWING THAT APPLY:**

1. What is the resident's current mental status and emotional status, if applicable please describe:
  - Delirious*
  - Angry about something or towards another person*
  - Consolable, inconsolable*
  - Sad, weepy, withdrawn, isolative*
  - Irritated, restless*
  
2. What is the resident's expressed behaviors;  
*Is the resident:*
  - Exhibiting verbal ,physical or sexually threatening behavior*
  - Known to have a history of aggressive behaviors in the past*
  
3. If applicable, please describe a stressor or condition that could be affecting the resident emotional status
  - > Change in daily routines or caregivers*
  - > Lost Roles and Functional Status*
  - > Death of a loved one*
  - > Changes in Physical status / medications*
  - > Interpersonal Conflicts*
  
4. How effective is verbal re-direction from the source of stress or agitation
  
5. Can the source of the resident's stress or agitation be removed or modified
  
6. If the resident is transported to an acute treatment center, has information exchange between the facility and the receiving institution been started and maintained for the assessment and continuum of care for the patient?



**INTERVENTION GUIDELINES  
SELF-INJURIOUS BEHAVIORS**

**The following suggested guidelines are not intended to preclude the arrangements of any appropriate consultation or evaluations of the resident by Mental Health Practitioners. These suggested questions are intended to assist in the full assessment, de-escalation or stabilization of potentially harmful symptoms or conditions.**

**For Residents who are expressing an intent to harm themselves or otherwise exhibit behavior which presents a risk of danger or harm to themselves :**  
**NOTE: Do not leave resident unattended until further assessments can be made by Licensed Staff and further direction is provided.**

**IF APPLICABLE, PLEASE DESCRIBE:**

1. What is the resident's current mental status and emotional status  
*Delirious*  
*Angry about something*  
*Consolable or inconsolable*  
*Sad, weepy, withdrawn, isolative*
  
2. What is the resident's expressed intentions  
*Does the resident say:*  
*"I wish I were dead"*  
*"I wish God would just take me"*  
*"Life's not worth living anymore"*  
*"I'm just going to kill myself"*  
*"I'm just going to end it all"*  
*"I might just jump out the window"*
  
3. Does the resident who expresses an intent to self harm:  
*Have a Plan*  
*Have a History of self harm*  
*Have any history of self harm or suicide in their family*  
*Identify openly what is bothering them*

All of the above information (from Sections 1,2 and 3) should be brought to the attention of a consulting mental health provider immediately.

4. Is the resident experiencing a stressor that could be affecting their emotional status?
  - *Change in daily routines or caregivers*
  - *Lost Roles and Functional Status*
  - *Death of a loved one*
  - *Changes in Physical status / medications*
  - *Interpersonal Conflicts*
  - *Environmental Conditions*
  
5. If the resident is transported to an acute treatment center, has information exchange between the facility and the receiving institution been started and maintained for the assessment and continuum of care for the patient?

### CHECKLIST / SELF-INJURIOUS BEHAVIORS

(The resident expresses an intent to harm himself/herself or exhibits behavior which presents an imminent risk of danger or harm to himself/herself.)  
**\*\*\*If resident is actively causing harm to self, do not leave resident unattended and contact 911 immediately\*\*\***

Check and Enter your Initials when you have implemented any of these tasks:

- Resident Safety Ensured. *Do not leave resident unattended until further assessments can be made by licensed staff*
- Charge Nurse Notified. *Specific presenting behaviors or statements identified and documented for reference by clinicians. If actively causing harm to self, contact 911, followed by contacts with supervisor, physician, psychiatrist and family.*
- Care Plan Approaches implemented. *Ensure that staff have used planned approaches to the behavior as required by the Care Plan.*
- Administration of prescribed PRNs. *Appropriate as needed medications targeting the presenting behavior have been given.*
- Supervisor Notified. *Arrangements for constant monitoring of the resident until necessary assessments are done. RN Assessment Complete.*
- Family Notified. *Is the behavior new and if not, has anything been successful in de-escalation in the past?*
- Social Worker Notified, if available. **If not, social work and consulting psychiatry documentation has been reviewed.**  
*Is the resident experiencing any psycho-social stressors?  
Are there any unique or special biopsychosocial conditions which could be affecting the resident?*
- Consulting Mental Health Practitioner Notified.  
*Is behavior indicative of an acute exacerbation?  
What Therapeutic Interventions are recommended?  
How soon can the resident be evaluated by the Mental Health Practitioner?  
Is there a need for an Emergency Evaluation?  
Is a Physician's Emergency Certificate necessary?  
Is there a preferred Emergency Care/Acute Care Setting for treatment of the condition?*
- Attending Physician Notified.  
*Notification of Change and Acceptance of recommended Therapeutic Interventions?  
Any New Orders for Medications, Psychiatric Evaluation if not already in place?  
Emergency transport order and Authorization for Inter-Agency Referral Report, if needed?*
- Resident and Responsible Party made aware of Facility's Plan of Action, if Inter-Agency Transport necessary .
- Collaboration / Confirmation of anticipated transport made with Transport Agency and Destination Facility.  
*When and Whom. Concerns/Issues: \_\_\_\_\_*
- Debriefing of Staff regarding Incident and Actions Taken. *Staff Interview, Support, Counsel, Education and Information sharing as needed*
- Care Plan Update. *Ensure that the resident's care plan has been revised or amended to address the exhibited behavior.*

Comments/Notes: