Abstract

Introduction: While no specific diagnosis predicts future ensuing aggression, studies indicate that patients with behavioral health diagnosis are among the highest risk for aggression (The Joint Commission, 2021). For pediatric patients with behavioral health needs, urgent treatment is needed for aggressive behavior, due to the potential unwanted outcomes. In a midwestern pediatric hospital, there was an opportunity for improvement in aggression assessment and PRN medication practices.

Methods: The purpose of this Quality Improvement (QI) project was to implement an Acute Agitation Intervention Tool that uses the Broset Violence Checklist (BVC) to guide pharmacological intervention for mild and moderate to severe agitation in pediatric patients with behavioral health needs ages 8 to 18 to decrease the number of medications that patients are getting per agitation event. This QI included a retrospective analysis of PRN medications pre- and post-implementation of the Acute Agitation Intervention Tool using the BVC to inform pharmacological intervention.

Results: A Decrease in the number of medications utilized per agitation event was found by 6.6%. Other clinical significance noted included an increase in oral compared with intramuscular medications, and the association of the BVC score and the number of medications that the individual will receive per agitation event.

Implication for practice: Continued utilization of the Acute Agitation Intervention Tool, modifying the tool to self-injurious behaviors, and continual support and audits of those performing the administration of the medication of order set. There will continue to be areas of opportunity for improvement in aggression assessment and PRN medication practices.

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