

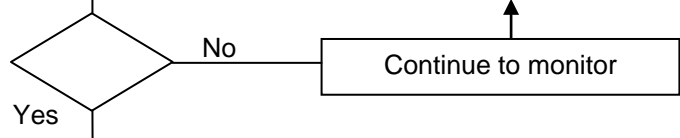
NHS Greater Glasgow and Clyde

Escalation Process for Acute Inpatients Exhibiting Challenging Behaviour, May 2015

1) Patient is exhibiting challenging behaviour causing concern to staff. SCN is aware of concern. Diagnosis / primary cause has been identified (where possible) and relevant specialist service review considered (see guidelines below). Implement guidelines and charts below to identify and document challenging behaviour:

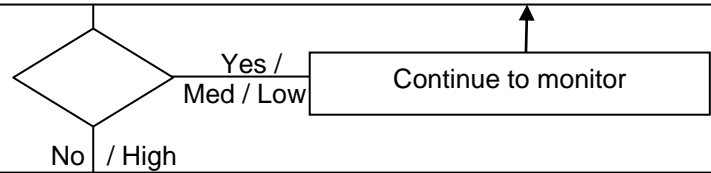
- [‘Guidelines for the observation of patients with acute behavioural disturbance in Acute Division wards’](#)
- [Behavioural monitoring and disturbance charts](#) should be completed for patient.

2) Is the patient continuing to exhibit safety risks to themselves, staff, other patients and / or visitors?



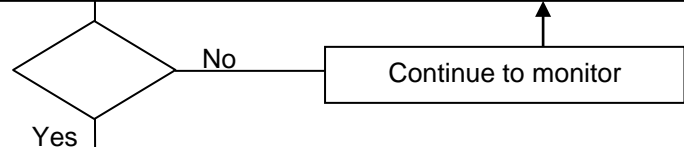
- Ensure Datix completed and advice sought from Health & Safety and Violence Reduction Teams regarding risk assessment and control measures.
 - Ensure Liaison Psychiatry input considered and review of appropriate medication via direct Pharmacy input. Advice on sedation may be required.
 - Consider if review by Acquired Brain Injury specialist appropriate.
 - Consider 1:1 or 2:1 nursing depending on risk assessment (Lead Nurse should be alerted if this is requested).
- Escalation**
 SCN - escalate verbally to Lead Nurse (Clinical Co-ordinator if Out of Hours) and using [Rapid Alert Template](#). Patients' Consultant to be copied.
 - arrange clinical review engaging family as soon as practicable (Lead Nurse or Consultant to lead)
 - Review risk assessment including prediction of challenging behaviour outcome e.g. worse in time?
 Report at hospital morning 'Huddles' to highlight safety concerns and situational awareness issues.

3) Is the patient in the most appropriate ward for their primary condition, discuss with patients' Consultant?
 and / or
 Does the risk assessment indicate a low / medium risk



Escalation
 Lead Nurse to escalate to Chief Nurse and General Manager. Inform patient's consultant that escalation process is in action.

4) Has the collated data, incident reports, behaviour charts etc. demonstrated / confirmed on-going challenging (violent or aggressive) behaviour or other safety concerns over a period of up to 3 days?



Escalation
 Inform Consultant that further escalation is required to Director and Clinical Director.