**VIOLENT/AGGRESSIVE PATIENT** Summarized from Up To Date, last updated Oct. 2011.

**Common Causes of violent behavior:**

* **Toxicologic:** Alcohol or other drug intoxication/withdrawal (stimulants, sedatives, steroids)
* **Metabolic:** Hypoglycemia, hypoxia
* **Neurologic:** Stroke, intracranial lesion (eg, hemorrhage, tumor), CNS infection, seizure, dementia
* **Other medical conditions:** Hyperthyroidism, shock, AIDS, hypo/hyperthermia
* **Psychiatric:** Psychosis, schizophrenia, paranoid delusions, personality disorder
* **Antisocial behavior**

**Warning Signs of Impending Violent Behavior**

*Male gender, a history of violence, and drug or alcohol abuse are associated with violence.*

* Provocative behavior
* Angry demeanor and/or loud, aggressive speech
* Tense posturing (eg, gripping arm rails tightly, clenching fists)
* Frequently changing body position, pacing
* Aggressive acts (eg, pounding walls, throwing objects, hitting oneself)

**Management Points**

* Immediate blood glucose (one-touch finger poke), vital signs and pulse oximetry
* Assume that all violent patients are armed until proven otherwise
* patients must be disarmed before any interview
* interview in private but not isolated area, clear exit path for clinician
* have security present for interview and leave door open
* interview room must not contain any objects that could be used as weapons
* have a panic button, code word/phrase to alert others to danger
* remove glasses, earrings, neckties and necklaces and other potentially dangerous personal accessories prior to interview
* Actively violent patients and uncooperative, agitated patients, particularly those who exhibit signs of impending violence, require immediate restraint.

**Interview Strategies**

* Adopt an honest and straightforward manner
* Perform friendly gestures (eg, offer food)
* Avoid direct eye contact; do not approach the patient from behind or move suddenly; stand at least one arm's length away
* Address violence directly: The patient should be asked relevant questions, such as, "Do you feel like hurting yourself or someone else?"
* Avoid arguing, machismo, condescension, or commanding the patient to calm down
* Never lie to the patient, and take all threats seriously

**When Verbal Techniques Fail:**

* Physical restraints (must monitor patient carefully and frequently; remove as soon as possible)
* Rapid tranquilization may be required in the agitated or violent patient.
* If severely violent patients requiring immediate sedation, try haloperidol, loxapine or lorazepam (or combination of haloperidol and lorazepam)
* If drug intoxication or withdrawal, we suggest treatment with a benzodiazepine.
* If violence originates from psychiatric disorder, use first or second generation antipsychotic