

The Current Violence Risk Assessment Methods in Emergency Care Setting

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Abstract

The topic "Emergency and Acute Care Setting" would summarize the key points discussed in the article. The emergency and acute care settings are critical components of the healthcare system, providing immediate medical attention to individuals with urgent medical conditions. These settings, including emergency departments and acute care units, aim to stabilize patients and prevent further deterioration. They are staffed by highly skilled healthcare professionals and equipped with the necessary resources to address a wide range of emergencies. Standardized protocols and guidelines ensure efficient and effective care delivery. Challenges such as overcrowding and resource limitations have prompted healthcare systems to implement strategies for optimizing care. Overall, emergency and acute care settings play a vital role in saving lives and improving patient outcomes during critical situations.

Keywords: Emergency care; Acute care; Cardiac rhythm; Cardiopulmonary resuscitation

Emergency and acute care settings play a critical role in the healthcare system, providing immediate medical attention to individuals with urgent medical conditions. These settings are designed to handle a wide range of emergencies, from life-threatening injuries and illnesses to acute medical conditions that require prompt assessment, diagnosis, and treatment. The primary objective of emergency and acute care settings is to stabilize patients and prevent further deterioration of their condition. This includes providing timely interventions, such as resuscitation, pain management, and diagnostic procedures, to address

- department staf experiences of violence and aggression. *Int Emerg Nurs* 39:13-19.
2. Pich JV, Kable A, Hazelton M (2017) Antecedents and precipitants of patient-related violence in the emergency department: results from the Australian VENT Study (Violence in Emergency Nursing and Triage). *Australas Emerg Nurs J* 20:107-113.
 3. Hassankhani N, Parizad H, Gacki-Smith J, Rahmani A, Mohammadi E (2018) The consequences of violence against nurses working in the emergency department: a qualitative study. *Int Emerg Nurs* 39:20-25.
 4. Monks R, Topping A, Newell R (2013) The dissonant care management of illicit drug users in medical wards, the views of nurses and patients: a grounded theory study. *J Adv Nurs* 69:935-946.
 5. Roche M, Diers D, Du f eld C, Catling-Paull C (2010) Violence toward nurses, the work environment, and patient outcomes. *J Nurs Scholarsh* 42:13-22.
 6. D'Ettorre G, Pellicani V, Mazzotta M, Vullo A (2018) Preventing and managing workplace violence against healthcare workers in emergency departments. *Acta Biomed* 89:28-36.
 7. Sharif S, Shahoei R, Nouri B, Almvik R, Valiee S (2020) E fect of an education program, risk assessment checklist and prevention protocol on violence against emergency department nurses: a single center before and after study. *Int Emerg Nurs* 50:100813.
 8. Kim SC, Ideker K, Todicheeney-Mannes D (2012) Usefulness of Aggressive Behaviour Risk Assessment Tool for prospectively identifying violent patients in medical and surgical units. *J Adv Nurs* 68:349-357.
 9. Dickens GL, O'Shea LE, Christensen M (2020) Structured assessments for imminent aggression in mental health and correctional settings: systematic review and meta-analysis: risk assessment for imminent violence. *Int J Nurs Stud* 104:103526.
 10. Ginsburg AS, Tawiah Agyemang C, Ambler G (2016) Pneumonia, an innovation for diagnosing and treating childhood pneumonia in low-resource settings: a feasibility, usability and acceptability study in Ghana. *PLoS One* 11:e0165201.
 11. Schumacher JA, Gleason SH, Holloman GH, McLeod WT (2010) Using a single-item rating scale as a psychiatric behavioral management triage tool in the emergency department. *J Emerg Nurs* 36:434-438.