

Chief Complaint: "Hospitalized for acute exacerbation of Crohn's Disease"

History of Present Illness: John Doe, a 28-year-old male with a known history of Crohn's Disease, presented to the hospital with a 1-week history of worsening abdominal pain, bloody diarrhea, and weight loss. Due to the severity of the symptoms, he was admitted for an acute exacerbation of his condition.

Hospital Course: John's medical management was initiated with IV steroids and hydration therapy. His response to the treatment was favorable with a decrease in abdominal pain and an improvement in his diarrhea. Diet was gradually advanced from clear liquids to a regular diet as tolerated.

Incident: On the third day of admission, John became agitated and threatened to punch the nurse. No physical contact occurred, and the nurse was able to de-escalate the situation temporarily by leaving the room and alerting the medical team.

Psychiatric Consult: Given the potential for violence, a consult was placed to the psychiatry service for a safety assessment. The medical team would like to put the patient in restraints or transfer him to inpatient psych

*Question 1: What are the common causes of agitation in hospitalized patients?*

Day 3 of admission: Upon further clarification, the nurse shares that the patient became agitated due to the late delivery of his breakfast and then threatened physical violence

*Question 2: What immediate actions should the nursing staff take in this situation?*

*Question 3: What are key components of a psychiatric safety assessment?*

*Question 4: How can the interdisciplinary team work together to prevent future incidents of aggression?*