

PATIENT'S NAME: Urso, Christine

☐ Completed on: \_\_\_\_\_

**RISK ASSESSMENT AND MANAGEMENT PLAN**

<p align="center"><b>Risk Assessment</b></p> <p><input type="checkbox"/> <b>Risk to Self</b> (suicidal ideation / plan / means / etc.)</p> <p><input checked="" type="checkbox"/> <b>Risks to Others</b> (aggression / threats / intent / means /drug-alcohol / etc.)</p> <p><input type="checkbox"/> <b>Risk Assoc with Clinical Sx</b> (command hulluc / delusions / agitation / confusion)</p> <p><input type="checkbox"/> <b>Risk Assoc with Behavior</b> (impulsiveness / agitation / threats / elopement)</p> <p><input type="checkbox"/> <b>Vulnerability</b> (isolation / Exploitation / Self-Care deficits / Special Needs / Physical Problems)</p>	<p align="center"><b>Level of Risk</b></p> <p><input type="checkbox"/> <b>Level 1 (Per remote history, upon admission)</b></p> <p><input type="checkbox"/> <b>Level 2 (Per recent history, less than 1 year or current mild risk)</b></p> <p><input type="checkbox"/> <b>Level 3 (Current indicators suggests moderate risk)</b></p> <p><input checked="" type="checkbox"/> <b>Level 4 (Current indicators suggest serious risk)</b></p> <p><input type="checkbox"/> <b>Other:</b> _____</p>
<p align="center"><b>Description of Risk</b></p> <p>Grabbed Lauren's hair from behind, pulled her to the ground by her hair and then kicked her in the stomach.</p>	<p align="center"><b>Risk Management Plan</b></p> <p>• I will keep my hands to myself and not put them on anyone in an aggressive manner.</p> <p>• I will not swear at peers or antagonize peers to swear at me.</p> <p>• I will leave the patio when I am done smoking and/or when instructed to do so by staff.</p> <p>• I will meet 1:1 with CM to discuss anger management and impulse control strategies 1x per week for 2 months.</p> <p>• I will come to staff with concerns rather than address peers on my own.</p> <p>• I will attend Skills Group 3x per week to learn appropriate social interaction skills.</p> <p>If I do not abide by this contract I will not be allowed on the smoking patio.</p>
<p><b>Mention any known triggers / stressors</b></p> <p>Jealousy, insecurity,</p>	
<p align="center"><b>Level of Observations required</b></p> <p><input type="checkbox"/> <b>Level 1 (No Special observation required)</b></p> <p><input type="checkbox"/> <b>Level 2 (Every 30 minute checks)</b></p> <p><input checked="" type="checkbox"/> <b>Level 3 (Every 15 minutes)</b></p> <p><input type="checkbox"/> <b>Level 4 (Must be able to see the person at all times)</b></p> <p><input type="checkbox"/> <b>Level 5 (Must be with the person - within arms length)</b></p> <p><input type="checkbox"/> <b>Other:</b> _____</p>	<p><b>STAFF or DEPARTMENT ASSIGNED:</b> <u>Nursing, CNA,RSA, CM, ACT</u></p>

Signature of person completing form: \_\_\_\_\_ Date/Time 07/06/18  
Cleofe Dunton

Risk Assessment recommended review date: 30 days from readmission