

PATIENT'S NAME: Page, Sloan, Allan and Sara

☐ Completed on: \_\_\_\_\_

**RISK ASSESSMENT AND MANAGEMENT PLAN**

<b>Risk Assessment</b>	<b>Level of Risk</b>
<input type="checkbox"/> <b>Risk to Self</b> (suicidal ideation / plan / means / etc.) <input type="checkbox"/> <b>Risks to Others</b> (aggression / threats / intent / means /drug-alcohol / etc.) <input checked="" type="checkbox"/> <b>Risk Assoc with Clinical Sx</b> (command hulluc / delusions / agitation / confusion) <input type="checkbox"/> <b>Risk Assoc with Behavior</b> (impulsiveness / agitation / threats / elopement) <input type="checkbox"/> <b>Vulnerability</b> (isolation / Exploitation / Self-Care deficits / Special Needs / Physical Problems)	<input type="checkbox"/> <b>Level 1</b> (Per remote history, upon admission) <input type="checkbox"/> <b>Level 2</b> (Per recent history, less than 1 year or current mild risk) <input type="checkbox"/> <b>Level 3</b> (Current indicators suggests moderate risk) <input type="checkbox"/> <b>Level 4</b> (Current indicators suggest serious risk) <input checked="" type="checkbox"/> <b>Other:</b> _____
<p align="center"><u><b>Description of Risk</b></u></p> <p>Submit names of noncompliance with medication</p>	<p align="center"><u><b>Risk Management Plan</b></u></p> <p>CM to walk with resident to get meds. Like Page H a pepsi or one cigarette. To Sara S a pack /cup of coffee &amp; to listen her story first before encouraging taking meds, from the time clock office to get a break from the line for 90 days time frame.</p>
<p>Mention any known triggers / stressors Hallucination &amp; Delusion Grandiose.</p>	
<p align="center"><u><b>Level of Observations required</b></u></p> <input type="checkbox"/> <b>Level 1</b> (No Special observation required) <input type="checkbox"/> <b>Level 2</b> (Every 30 minute checks) <input type="checkbox"/> <b>Level 3</b> (Every 15 minutes) <input type="checkbox"/> <b>Level 4</b> (Must be able to see the person at all times) <input type="checkbox"/> <b>Level 5</b> (Must be with the person - within arms length) <input checked="" type="checkbox"/> <b>Other:</b> _____	<p>STAFF or DEPARTMENT ASSIGNED: <u>Case Manager</u></p>

Signature of person completing form: \_\_\_\_\_ Date/Time 01/19/19  
Nursing Log Support

Risk Assessment recommended review date: \_\_\_\_\_