

PATIENT'S NAME: Wanagas, Rebecca

☐ Completed on: _____

RISK ASSESSMENT AND MANAGEMENT PLAN

<p align="center">Risk Assessment</p> <p><input type="checkbox"/> Risk to Self (suicidal ideation / plan / means / etc.)</p> <p><input checked="" type="checkbox"/> Risks to Others (aggression / threats / intent / means /drug-alcohol / etc.)</p> <p><input checked="" type="checkbox"/> Risk Assoc with Clinical Sx (command hulluc / delusions / agitation / confusion)</p> <p><input checked="" type="checkbox"/> Risk Assoc with Behavior (impulsiveness / agitation / threats / elopement)</p> <p><input checked="" type="checkbox"/> Vulnerability (isolation / Exploitation / Self-Care deficits / Special Needs / Physical Problems)</p>	<p align="center">Level of Risk</p> <p><input type="checkbox"/> Level 1 (Per remote history, upon admission)</p> <p><input type="checkbox"/> Level 2 (Per recent history, less than 1 year or current mild risk)</p> <p><input checked="" type="checkbox"/> Level 3 (Current indicators suggests moderate risk)</p> <p><input type="checkbox"/> Level 4 (Current indicators suggest serious risk)</p> <p><input type="checkbox"/> Other: _____</p>
<p align="center">Description of Risk</p> <p>outbursts of agitation and anger, blaming and accusatory, disruptive in medication line, feels staff do nothing to help her, recent hospitalization at Evanston Hosp for s/i by using razor to cut self, recent medication refusal, low frustration stress tolerance, borderline personality d/o</p>	<p align="center">Risk Management Plan</p> <p>individual therapy beginning 4/6/18, nurses check to see that resindet is taking medications, follow up with psychiatrist for consideration prn, offer 1:1 support as needed, provide reassurance as needed, support with daily planning, encourage use of positive coping skills such as reading, music, journaling, walking, involvement in AA and spiritual life</p>
<p>Mention any known triggers / stressors</p> <p>hx sexual abuse, fearfulness, hx ptsd, paranoid delusions of Russian spies being after her and shooting at her, reports having been kidnapped and held hostage andabused, unstable relationships with mother, poor suupprot system, unstable interpersonal interactions, waiting in medication line, perceived injustice</p>	
<p align="center">Level of Observations required</p> <p><input checked="" type="checkbox"/> Level 1 (No Special observation required)</p> <p><input type="checkbox"/> Level 2 (Every 30 minute checks)</p> <p><input type="checkbox"/> Level 3 (Every 15 minutes)</p> <p><input type="checkbox"/> Level 4 (Must be able to see the person at all times)</p> <p><input type="checkbox"/> Level 5 (Must be with the person - within arms length)</p> <p><input checked="" type="checkbox"/> Other: <u>document behavior incidents</u></p>	<p>STAFF or DEPARTMENT ASSIGNED: <u>case management, nursing, cna, dept heads</u></p>

Signature of person completing form: _____ Reina Triplett Date/Time 04/06/18

Risk Assessment recommended review date: 4/20/18