

PATIENT'S NAME: Baizer, Ronald

☐ Completed on: _____

RISK ASSESSMENT AND MANAGEMENT PLAN

Risk Assessment	Level of Risk
<input type="checkbox"/> Risk to Self (suicidal ideation / plan / means / etc.) <input type="checkbox"/> Risks to Others (aggression / threats / intent / means /drug-alcohol / etc.) <input type="checkbox"/> Risk Assoc with Clinical Sx (command hulluc / delusions / agitation / confusion) <input checked="" type="checkbox"/> Risk Assoc with Behavior (impulsiveness / agitation / threats / elopement) <input type="checkbox"/> Vulnerability (isolation / Exploitation / Self-Care deficits / Special Needs / Physical Problems)	<input type="checkbox"/> Level 1 (Per remote history, upon admission) <input checked="" type="checkbox"/> Level 2 (Per recent history, less than 1 year or current mild risk) <input type="checkbox"/> Level 3 (Current indicators suggests moderate risk) <input type="checkbox"/> Level 4 (Current indicators suggest serious risk) <input type="checkbox"/> Other: _____
Description of Risk	Risk Management Plan
Threatening gestures and comments to CM about Nurse/ Ongoing fascination with sexuality	CM recommended that resident perform additional coping skills if needed. Nursing staff is aware of this issue. Staff will continue to monitor, provide prompts to use coping skills and provide PRN when appropriate. Staff will document any suspicious or inappropriate behavior
Mention any known triggers / stressors Recent hx of "peeping," ongoing expression of sexual frustration to counselor, ongoing expression of feeling victimized by peers and staff. Persecutory delusions? Constantly feeling like others are "picking on him." Hx of being physically assaulted by others. Hx of making threatening gestures to others.	
Level of Observations required	
<input type="checkbox"/> Level 1 (No Special observation required) <input type="checkbox"/> Level 2 (Every 30 minute checks) <input type="checkbox"/> Level 3 (Every 15 minutes) <input type="checkbox"/> Level 4 (Must be able to see the person at all times) <input type="checkbox"/> Level 5 (Must be with the person - within arms length) <input checked="" type="checkbox"/> Other: _____	STAFF or DEPARTMENT ASSIGNED: <u>Social Services, Nursing, Activities</u>

Signature of person completing form: _____ Date/Time 03/21/18

Nursing Log Support

Risk Assessment recommended review date: 3/28/18