

PATIENT'S NAME: Wanagas, Rebecca

■ Completed on: 05/10/18

RISK ASSESSMENT AND MANAGEMENT PLAN

Risk Assessment	Level of Risk
<input type="checkbox"/> Risk to Self (suicidal ideation / plan / means / etc.) <input checked="" type="checkbox"/> Risks to Others (aggression / threats / intent / means /drug-alcohol / etc.) <input checked="" 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 checked="" type="checkbox"/> Vulnerability (isolation / Exploitation / Self-Care deficits / Special Needs / Physical Problems)	<input type="checkbox"/> Level 1 (Per remote history, upon admission) <input type="checkbox"/> Level 2 (Per recent history, less than 1 year or current mild risk) <input checked="" type="checkbox"/> Level 3 (Current indicators suggests moderate risk) <input type="checkbox"/> Level 4 (Current indicators suggest serious risk) <input type="checkbox"/> Other: _____
<p align="center"><u>Description of Risk</u></p> <p>outbursts of agitation and anger, blaming and accusatory towards staff and residents, disruptive in the medication line, feels staff do nothing to hel her, recent hospitalization at Evanston Hosp for s/i by using razor blade to cut self, currently denies s/i, recent medication refusal, low frustration and stress tolerance, interpersonal difficulties, features of borderline personality d/o, reports daily triggers dues to ptsd</p>	<p align="center"><u>Risk Management Plan</u></p> <p>individual therapywith counselor beginning 4/6/18 and continuing 1x week, seeing facility psychologist 1x week, nurses must check to see if resident is taking medications and not cheeking, document med refusals, follow up with psychiatrist for consideration of prn, offer 1:1 support as needed, provide reassurance and validation as needed, support with daily planning and structure outside of facility, encourage use of positive coping skills such as reading, nusic, journaling, walking, involvement in AA and spiritual life</p>
<p>Mention any known triggers / stressors</p> <p>admission to facility, overstimulation in facility, boredom, hx sexual abuse, fearfulness, hx ptsd, paranoid delusion of Russian spies being after her and shooting at her, reports having been kidnapped and held hostage and abused, nieces and nephews pasrt of sex trafficking scheme, unstable relationship with mother, poor support system, unstable interpersonal interactions, waiting in medication line, perceived justice, feels she is too high functioning for this facility, has no other place to live</p>	
<p align="center"><u>Level of Observations required</u></p> <p><input checked="" 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: _____</p>	<p>STAFF or DEPARTMENT ASSIGNED: <u>case mgmt, nursing, cna, dept heads</u></p>

Signature of person completing form: _____ Date/Time 04/09/18
 Nursing Log Support

Risk Assessment recommended review date: 4/20/18