

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

■ Completed on: 5/17/19

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 checked="" type="checkbox"/> Risk Assoc with Clinical Sx (command hulluc / delusions / agitation / confusion) <input 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 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 checked="" type="checkbox"/> Other: _____
<p align="center"><u>Description of Risk</u></p> <p>Submit names of noncompliance with medication</p>	<p align="center"><u>Risk Management Plan</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 & 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</p> <p>Hallucination & Delusion Grandiose.</p>	
<p align="center"><u>Level of Observations required</u></p> <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: _____	<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: _____