

PATIENT'S NAME: F, Aloycius

■ Completed on: 5/31/2018

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 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 checked="" type="checkbox"/> Level 4 (Current indicators suggest serious risk) <input type="checkbox"/> Other: _____
<p align="center"><u>Description of Risk</u></p> <p>Continues to use THC irregardless of discussions and influences others to use with him.</p>	<p align="center"><u>Risk Management Plan</u></p> <p>May not be with female peer he was caught smoking with (Rene B.) Both have been restricted to the facility unless with staff to medical appointments until further notice. Since he admitted to smoking pot no drug test were done. He understands that he must test clean to be off of restriction.</p>
<p>Mention any known triggers / stressors Boredom, peer influence, availability.</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 checked="" 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 type="checkbox"/> Other: _____	<p>STAFF or DEPARTMENT ASSIGNED: <u>All</u></p>

Signature of person completing form: _____ Date/Time 04/07/18
 Nursing Log Support

Risk Assessment recommended review date: 4/14,4/21,4/28 (weekly)