

PATIENT'S NAME: Blair, Cornelius

☐ Completed on: _____

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 checked="" 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
<p>Smoking in his room and bathroom which he denies. Cigarette ashes are on his bathroom floor.</p>	<p>He will be in the cigarette program. 30 minute checks He will meet with CM daily to discuss why he is smoking in his room. He will join 2 activities of his choice every day. He will stay out of his room after breakfast, lunch and dinner.</p>
<p>Mention any known triggers / stressors He picks up cigarette butts on the smoking patio. To prevent this from happening again staff should monitor him when he is on the smoking patio. Water should be put in the ashtrays to prevent him from picking up used cigarette butts.</p>	
Level of Observations required	
<input type="checkbox"/> Level 1 (No Special observation required) <input checked="" 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 type="checkbox"/> Other: _____	<p>STAFF or DEPARTMENT ASSIGNED: <u>Case Managers, Nurses, CNA, RSA</u></p>

Signature of person completing form: _____ Date/Time 04/18/18
 Debbie Issen

Risk Assessment recommended review date: 5-30-18