

PATIENT'S NAME: test, test

☐ 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 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: _____
Description of Risk test	Risk Management Plan test
Mention any known triggers / stressors test	
Level of Observations required <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: <u>test</u>	STAFF or DEPARTMENT ASSIGNED: <u>test</u>

Signature of person completing form: _____ **Date/Time** 04/06/18
Reina Triplett

Risk Assessment recommended review date: 4/10/18