

PATIENT'S NAME: Hand, Elizabeth

☐ Completed on: _____

RISK ASSESSMENT AND MANAGEMENT PLAN

<p align="center">Risk Assessment</p> <p><input type="checkbox"/> Risk to Self (suicidal ideation / plan / means / etc.)</p> <p><input checked="" type="checkbox"/> Risks to Others (aggression / threats / intent / means /drug-alcohol / etc.)</p> <p><input checked="" type="checkbox"/> Risk Assoc with Clinical Sx (command hulluc / delusions / agitation / confusion)</p> <p><input checked="" type="checkbox"/> Risk Assoc with Behavior (impulsiveness / agitation / threats / elopement)</p> <p><input checked="" type="checkbox"/> Vulnerability (isolation / Exploitation / Self-Care deficits / Special Needs / Physical Problems)</p>	<p align="center">Level of Risk</p> <p><input type="checkbox"/> Level 1 (Per remote history, upon admission)</p> <p><input type="checkbox"/> Level 2 (Per recent history, less than 1 year or current mild risk)</p> <p><input checked="" type="checkbox"/> Level 3 (Current indicators suggests moderate risk)</p> <p><input type="checkbox"/> Level 4 (Current indicators suggest serious risk)</p> <p><input type="checkbox"/> Other: _____</p>
<p align="center">Description of Risk</p> <p>Elizabeth returned today from Evanston Hospital and denied any thoughts of self-harm. On 3/15/18 she expressed a plan to harm herself and was transferred to HP ER. While in the ER, she stated she \\\'lied\\\''about thoughts of harming herself. She stated she wanted people to care about her. Elizabeth\\\''s mood was depressed and irritable while in the ER.</p>	<p align="center">Risk Management Plan</p> <p>medication checks by nurse due to non-compliance, daily check in with CM, increase daily structure, identify ways to improve interpersonal relationship and have healthier interactions, follow up with psychiatrist, periodic check ins from staff on each shift, individual therapy beginning 4/6/18, invite to participate in DBT Skills group, pursue outside structure amd involvement</p>
<p>Mention any known triggers / stressors</p> <p>hx trauma, hx abuse, fears of older women, poor interpersonal relationships, feelings of abandonment and rejection, feeling like peers do not care about her, sensitive to perceived rejection, admission to facility, poor stress and frustration tolerance, unhealthy friendship with a peer she met at Evanston Hospital</p>	
<p align="center">Level of Observations required</p> <p><input checked="" type="checkbox"/> Level 1 (No Special observation required)</p> <p><input type="checkbox"/> Level 2 (Every 30 minute checks)</p> <p><input type="checkbox"/> Level 3 (Every 15 minutes)</p> <p><input type="checkbox"/> Level 4 (Must be able to see the person at all times)</p> <p><input type="checkbox"/> Level 5 (Must be with the person - within arms length)</p> <p><input checked="" type="checkbox"/> Other: <u>document and behavior incidents</u></p>	<p>STAFF or DEPARTMENT ASSIGNED: <u>case management, nursing, cna, dept heads</u></p>

Signature of person completing form: _____
Nursing Log Support

Date/Time 03/21/18

Risk Assessment recommended review date: 4/20/18