

PATIENT'S NAME: Urso, Christine

■ Completed on: 8/7/18

RISK ASSESSMENT AND MANAGEMENT PLAN

<p align="center"><u>Risk Assessment</u></p> <p><input type="checkbox"/> Risk to Self (suicidal ideation / plan / means / etc.)</p> <p>■ Risks to Others (aggression / threats / intent / means /drug-alcohol / etc.)</p> <p><input type="checkbox"/> Risk Assoc with Clinical Sx (command hulluc / delusions / agitation / confusion)</p> <p><input type="checkbox"/> Risk Assoc with Behavior (impulsiveness / agitation / threats / elopement)</p> <p><input type="checkbox"/> Vulnerability (isolation / Exploitation / Self-Care deficits / Special Needs / Physical Problems)</p>	<p align="center"><u>Level of Risk</u></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 type="checkbox"/> Level 3 (Current indicators suggests moderate risk)</p> <p>■ Level 4 (Current indicators suggest serious risk)</p> <p><input type="checkbox"/> Other: _____</p>
<p align="center"><u>Description of Risk</u></p> <p>Grabbed Lauren's hair from behind, pulled her to the ground by her hair and then kicked her in the stomach.</p>	<p align="center"><u>Risk Management Plan</u></p> <p>â•€I will keep my hands to myself and not put them on anyone in an aggressive manner.</p> <p>â•€I will not swear at peers or antagonize peers to swear at me.</p> <p>â•€I will leave the patio when I am done smoking and/or when instructed to do so by staff.</p> <p>â•€I will meet 1:1 with CM to discuss anger management and impulse control strategies 1x per week for 2 months.</p> <p>â•€I will come to staff with concerns rather than address peers on my own.</p> <p>â•€I will attend Skills Group 3x per week to learn appropriate social interaction skills.</p> <p>If I do not abide by this contract I will not be allowed on the smoking patio.</p>
<p>Mention any known triggers / stressors</p> <p>Jealousy, insecurity,</p>	
<p align="center"><u>Level of Observations required</u></p> <p><input type="checkbox"/> Level 1 (No Special observation required)</p> <p><input type="checkbox"/> Level 2 (Every 30 minute checks)</p> <p>■ 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 type="checkbox"/> Other: _____</p>	<p>STAFF or DEPARTMENT ASSIGNED: <u>Nursing, CNA,RSA, CM, ACT</u></p>

Signature of person completing form: _____ Date/Time 07/06/18
 Nursing Log Support

Risk Assessment recommended review date: 30 days from readmission