

PATIENT'S NAME: Rivera, Ricardo

☐ Completed on: \_\_\_\_\_

**RISK ASSESSMENT AND MANAGEMENT PLAN**

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|---|--|
| <p align="center"><b>Risk Assessment</b></p> <p><input type="checkbox"/> <b>Risk to Self</b> (suicidal ideation / plan / means / etc.)</p> <p><input checked="" type="checkbox"/> <b>Risks to Others</b> (aggression / threats / intent / means /drug-alcohol / etc.)</p> <p><input checked="" type="checkbox"/> <b>Risk Assoc with Clinical Sx</b> (command hulluc / delusions / agitation / confusion)</p> <p><input checked="" type="checkbox"/> <b>Risk Assoc with Behavior</b> (impulsiveness / agitation / threats / elopement)</p> <p><input checked="" type="checkbox"/> <b>Vulnerability</b> (isolation / Exploitation / Self-Care deficits / Special Needs / Physical Problems)</p> | <p align="center"><b>Level of Risk</b></p> <p><input type="checkbox"/> <b>Level 1</b> (Per remote history, upon admission)</p> <p><input type="checkbox"/> <b>Level 2</b> (Per recent history, less than 1 year or current mild risk)</p> <p><input checked="" type="checkbox"/> <b>Level 3</b> (Current indicators suggests moderate risk)</p> <p><input type="checkbox"/> <b>Level 4</b> (Current indicators suggest serious risk)</p> <p><input type="checkbox"/> <b>Other:</b> _____</p> |
| <p align="center"><b>Description of Risk</b></p> <p>Resident is a new admit to the facility, he has a h/o marijuana use, as per record he was noted using marijuana last month in the facility where he came from. Staff found evidence of marijuana use on the side table of his room.</p>   | <p align="center"><b>Risk Management Plan</b></p> <p>Restricted from going out til Jan 31,2019, can go out on supervised outings and with family. On 30 minute checks for 2 weeks, {Dec.27-Jan.9,2019} Will be searched at anytime he comes back from family outing. He will be counseled on following facility rules and will attend Substance Abuse group in the facility.</p>   |
| <p><b>Mention any known triggers / stressors</b></p><br><br>  |  |
| <p align="center"><b>Level of Observations required</b></p> <p><input type="checkbox"/> <b>Level 1</b> (No Special observation required)</p> <p><input checked="" type="checkbox"/> <b>Level 2</b> (Every 30 minute checks)</p> <p><input type="checkbox"/> <b>Level 3</b> (Every 15 minutes)</p> <p><input type="checkbox"/> <b>Level 4</b> (Must be able to see the person at all times)</p> <p><input type="checkbox"/> <b>Level 5</b> (Must be with the person - within arms length)</p> <p><input type="checkbox"/> <b>Other:</b> _____</p>  | <p><b>STAFF or DEPARTMENT ASSIGNED:</b> <u>Nursing, CNA,RSA, CM, ACT</u></p>   |

Signature of person completing form: \_\_\_\_\_ Date/Time 12/27/18  
Cleofe Dunton

Risk Assessment recommended review date: Jan. 27,2019