

PATIENT'S NAME: Adams, Olaf

☐ 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
aggression is triggered by alcoholic intoxication	1. supervised and progressive outings within 500 meters from the facility and with reliable consumer to go out with him initially for 30 minutes. 2. search bag when coming in from outside and random check up in his room for alooholic and intoxicated beverages 3.regular attendance in a therapeutic intervention eg. substance abuse program 2X/week 4. one-in-one session with CM on symptom management and the adverse effects of alcohol and medications. 5. to take regular antabuse medication eg revia, acamprostate 6. alcohol testing whenever suspected
Mention any known triggers / stressors a cycle of stressors - no permanent job-no finances-depression- alcohol	
Level of Observations required	
<input type="checkbox"/> Level 1 (No Special observation required) <input type="checkbox"/> Level 2 (Every 30 minute checks) <input checked="" 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: _____	STAFF or DEPARTMENT ASSIGNED: <u>social service, nursing and activity</u>

Signature of person completing form: _____ Date/Time 02/27/18
 JayR Azcueta

Risk Assessment recommended review date: March 30, 2018