

PATIENT'S NAME: , _____

☐ Completed on: _____

RISK ASSESSMENT AND MANAGEMENT PLAN

Risk Assessment	Level of Risk
<input type="checkbox"/> Risk to Self (suicidal ideation / plan / means / etc.) <input 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 checked="" type="checkbox"/> Risk Assoc with Behavior (impulsiveness / agitation / threats / elopement) <input type="checkbox"/> Vulnerability (isolation / Exploitation / Self-Care deficits / Special Needs / Physical Problems)	<input checked="" 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 type="checkbox"/> Level 3 (Current indicators suggests moderate risk) <input type="checkbox"/> Level 4 (Current indicators suggest serious risk) <input type="checkbox"/> Other: _____
<p><u>Description of Risk</u></p> <p>This is a sample</p>	<p><u>Risk Management Plan</u></p> <p>List all measures staff will take in resolving the issue. Also put here any restrictions or corrective measures that the resident must do (i.e. Agrees to not go to any other resident's room in the facility without the escort of the person whom he is visiting. If he does not follow the above the resident will be restricted from going past the A/B lounge unless a staff is escorting him.)</p>
<p>Mention any known triggers / stressors</p> <p>I.e. Smokes and begs constantly from peers on the in main area and in the other resident's room.</p>	
<p><u>Level of Observations required</u></p> <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 type="checkbox"/> Other: _____	<p>STAFF or DEPARTMENT ASSIGNED: <u>DOE</u></p>

Signature of person completing form: _____ Date/Time 10/26/18
 Nursing Log Support

Risk Assessment recommended review date: 11/1/18