

PATIENT'S NAME: Leach, Gerald

■ Completed on: 4/8/19

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 checked="" 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: _____
Description of Risk	Risk Management Plan
<p>Gerald L was smoking marijuana. His room smelled of marijuana but he says he smokes it on the patio behind the trees away from others. He said he uses it for pain.</p>	<p>IDT met with him. Nurse Lily will notify his doctor for a referral to a pain specialist possibly for an epidural. She will ask Dr Kapoor for a prescription for his pain. He has fibromyalgia. His room will have random checks for substance. His visitors will also be checked when they come to facility for marijuana.</p>
<p>Mention any known triggers / stressors He is in a lot of pain from fibromyalgia. He has seen doctors in the past so the nurse will contact his doctors and schedule an appointment for pain management and possible physical therapy. He has promised not to smoke marijuana in the facility.</p>	
Level of Observations required	
<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>Case Managers, Nurses, CNA, RSA, Receptionist</u></p>

Signature of person completing form: _____ Date/Time 01/16/19
 Nursing Log Support

Risk Assessment recommended review date: 2-16-19