

PATIENT'S NAME: Hahn, Lauren

☐ 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
<p>Resident has made verbal threats and aggressive actions towards peers and staff. Resident was not taking all of her medications.</p>	<p>Resident is on a behavior plan. She will take her medications as scheduled/take PRN when necessary. Agrees to not make any verbal threats or aggressive actions towards peers or staff. She agrees to follow facility rules and policy. She will not go on the smoking patio unless she has a cigarette. She will not display excessive affection in main areas. Staff will be inserviced on how to remind her of improper behaviors in a respectful and compassionate manner.</p>
<p>Mention any known triggers / stressors Christina U and Dwayne F. Christina does not want her to talk or be with Dwayne.</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</u></p>

Signature of person completing form: _____ Date/Time 05/31/18
 Debbie Issen

Risk Assessment recommended review date: 6-30-18