PATIENT'S NAME: __Hand, Elizabeth__     ❑ **Completed on:** _____

## RISK ASSESSMENT AND MANAGEMENT PLAN

| Risk Assessment | Level of Risk |
|---|---|
| ❑ **Risk to Self** (suicidal ideation / plan / means / etc.)<br><br>■ **Risks to Others** (aggression / threats / intent / means /drug-alcohol / etc.)<br><br>■ **Risk Assoc with Clinical Sx** (command hulluc / delusions / agitation / confusion)<br><br>■ **Risk Assoc with Behavior** (impulsiveness / agitation / threats / elopement)<br><br>■ **Vulnerability** (isolation / Exploitation / Self-Care deficits / Special Needs / Physical Problems) | ❑ **Level 1 (Per remote history, upon admission)**<br>❑ **Level 2 (Per recent history, less than 1 year or current mild risk)**<br>■ **Level 3 (Current indicators suggests moderate risk)**<br>❑ **Level 4 (Current indicators suggest serious risk)**<br>❑ **Other:** _____ |

| Description of Risk | Risk Management Plan |
|---|---|
| Elizabeth returned today from Evanston Hospital and denied any thoughts of self-harm. On 3/15/18 she expressed a plan to harm herself and was transferred to HP ER. While in the ER, she stated she \"lied\"about thoughts of harming herself. She stated she wanted people to care about her. Elizabeth\'s mood was depressed and irritable while in the ER. | medication checks by nurse due to non-compliance, daily check in with CM, increase daily structure, identify ways to improve interpersonal relationship and have healthier interactions, offer individual therapy again, follow up with psychiatrist, periodic check ins from staff on each shift |

**Mention any known triggers / stressors**

hx trauma, hx abuse, fears of older women, poor interpersonal relationships, feelings of abandonment and rejection, feeling like peers do not care about her, sensitive to perceived rejection

| Level of Observations required | |
|---|---|
| ■ **Level 1 (No Special observation required)**<br>❑ **Level 2 (Every 30 minute checks)**<br>❑ **Level 3 (Every 15 minutes)**<br>❑ **Level 4 (Must be able to see the person at all times)**<br>❑ **Level 5 (Must be with the person - within arms length)**<br>■ **Other:** _____ | **STAFF or DEPARTMENT ASSIGNED:** case management, nursing, cna |

**Signature of person completing form:** _____  **Date/Time** _03/21/18_
<div align="center">Nursing Log Support</div>

**Risk Assessment recommended review date**: _3/30/18_____

• **This risk assessment tool is subject to change/amendments through review.**          **10/19/17**