

PATIENT'S NAME: Page, Sloan, Allan and Sara

☐ Completed on: \_\_\_\_\_

**RISK ASSESSMENT AND MANAGEMENT PLAN**

<b>Risk Assessment</b>	<b>Level of Risk</b>
<input type="checkbox"/> <b>Risk to Self</b> (suicidal ideation / plan / means / etc.) <input type="checkbox"/> <b>Risks to Others</b> (aggression / threats / intent / means /drug-alcohol / etc.) <input type="checkbox"/> <b>Risk Assoc with Clinical Sx</b> (command hulluc / delusions / agitation / confusion) <input type="checkbox"/> <b>Risk Assoc with Behavior</b> (impulsiveness / agitation / threats / elopement) <input type="checkbox"/> <b>Vulnerability</b> (isolation / Exploitation / Self-Care deficits / Special Needs / Physical Problems)	<input type="checkbox"/> <b>Level 1 (Per remote history, upon admission)</b> <input type="checkbox"/> <b>Level 2 (Per recent history, less than 1 year or current mild risk)</b> <input type="checkbox"/> <b>Level 3 (Current indicators suggests moderate risk)</b> <input type="checkbox"/> <b>Level 4 (Current indicators suggest serious risk)</b> <input checked="" type="checkbox"/> <b>Other:</b> _____
<p align="center"><b>Description of Risk</b></p> <p>Submit names of noncompliance with medication</p>	<p align="center"><b>Risk Management Plan</b></p> <p>CM to walk with resident to get meds. Like Page H ONLY Pepsi or one cigarette able take meds . To Sara S cup of coffee or listen her story &amp; for short term may get her med at the time clock office instead in the line.</p>
<p>Mention any known triggers / stressors Attention seeking</p>	
<p align="center"><b>Level of Observations required</b></p> <input type="checkbox"/> <b>Level 1 (No Special observation required)</b> <input type="checkbox"/> <b>Level 2 (Every 30 minute checks)</b> <input type="checkbox"/> <b>Level 3 (Every 15 minutes)</b> <input type="checkbox"/> <b>Level 4 (Must be able to see the person at all times)</b> <input type="checkbox"/> <b>Level 5 (Must be with the person - within arms length)</b> <input type="checkbox"/> <b>Other:</b> _____	<p><b>STAFF or DEPARTMENT ASSIGNED:</b> _____</p>

Signature of person completing form: \_\_\_\_\_ Date/Time 01/19/19  
Nursing Log Support

Risk Assessment recommended review date: \_\_\_\_\_