

PATIENT'S NAME: Moore, Joshua

☐ Completed on: _____

RISK ASSESSMENT AND MANAGEMENT PLAN

<p align="center">Risk Assessment</p> <p><input checked="" type="checkbox"/> Risk to Self (suicidal ideation / plan / means / etc.)</p> <p><input checked="" type="checkbox"/> Risks to Others (aggression / threats / intent / means /drug-alcohol / etc.)</p> <p><input type="checkbox"/> Risk Assoc with Clinical Sx (command hulluc / delusions / agitation / confusion)</p> <p><input type="checkbox"/> Risk Assoc with Behavior (impulsiveness / agitation / threats / elopement)</p> <p><input type="checkbox"/> Vulnerability (isolation / Exploitation / Self-Care deficits / Special Needs / Physical Problems)</p>	<p align="center">Level of Risk</p> <p><input type="checkbox"/> Level 1 (Per remote history, upon admission)</p> <p><input type="checkbox"/> Level 2 (Per recent history, less than 1 year or current mild risk)</p> <p><input checked="" type="checkbox"/> Level 3 (Current indicators suggests moderate risk)</p> <p><input type="checkbox"/> Level 4 (Current indicators suggest serious risk)</p> <p><input type="checkbox"/> Other: _____</p>
<p align="center">Description of Risk</p> <p>Resident is in danger of being accused of stalking young women due to his habit of having his hands in his pants while walking in public and his intentions being misinterpreted. He is also in danger of being addressed by the public for behavior they perceive to be a danger to young women.</p>	<p align="center">Risk Management Plan</p> <p>*Resident will not go to the mall or other large areas where staff cannot watch him closely.</p> <p>*Resident will be reminded to take his hands out of his pants when observed to be doing so in public areas (anywhere not in his room).</p> <p>*Meet with CM weekly to discuss ways he can stop his habit of putting his hands in his pants in public until the behavior stops. This will be reviewed monthly.</p>
<p>Mention any known triggers / stressors</p> <p>*Boredom</p>	
<p align="center">Level of Observations required</p> <p><input checked="" type="checkbox"/> Level 1 (No Special observation required)</p> <p><input type="checkbox"/> Level 2 (Every 30 minute checks)</p> <p><input type="checkbox"/> Level 3 (Every 15 minutes)</p> <p><input type="checkbox"/> Level 4 (Must be able to see the person at all times)</p> <p><input type="checkbox"/> Level 5 (Must be with the person - within arms length)</p> <p><input type="checkbox"/> Other: _____</p>	<p>STAFF or DEPARTMENT ASSIGNED: <u>All/Activities</u></p>

Signature of person completing form: _____ Date/Time 11/28/18

Nursing Log Support

Risk Assessment recommended review date: 1/31/2019