

PATIENT'S NAME: Adams, Olaf

☐ Completed on: \_\_\_\_\_

**RISK ASSESSMENT AND MANAGEMENT PLAN**

<b>Risk Assessment</b>	<b>Level of Risk</b>
<input checked="" type="checkbox"/> <b>Risk to Self</b> (suicidal ideation / plan / means / etc.) <input checked="" 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 hallucinations / 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</b> (Per remote history, upon admission) <input type="checkbox"/> <b>Level 2</b> (Per recent history, less than 1 year or current mild risk) <input checked="" type="checkbox"/> <b>Level 3</b> (Current indicators suggest moderate risk) <input type="checkbox"/> <b>Level 4</b> (Current indicators suggest serious risk) <input checked="" type="checkbox"/> <b>Other:</b> <u>Olaf A - has chronic Liver cirrhosis</u>
<b><u>Description of Risk</u></b>	<b><u>Risk Management Plan</u></b>
Mention any known triggers / stressors	
<b><u>Level of Observations required</u></b> <input type="checkbox"/> <b>Level 1</b> (No Special observation required) <input type="checkbox"/> <b>Level 2</b> (Every 30 minute checks) <input type="checkbox"/> <b>Level 3</b> (Every 15 minutes) <input type="checkbox"/> <b>Level 4</b> (Must be able to see the person at all times) <input type="checkbox"/> <b>Level 5</b> (Must be with the person - within arms length) <input type="checkbox"/> <b>Other:</b> _____	<b>STAFF or DEPARTMENT ASSIGNED:</b> _____

Signature of person completing form: \_\_\_\_\_ Date/Time 02/23/18  
JayR Azcueta

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