

PATIENT'S NAME: Gomez, Jorge

■ Completed on: 12/04/18

RISK ASSESSMENT AND MANAGEMENT PLAN

Risk Assessment	Level of Risk
<input type="checkbox"/> Risk to Self (suicidal ideation / plan / means / etc.) <input 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>Consumer has h/o alcohol consumption . Recent report on 11/27/18 of the consumer being inebriated and smelling alcohol.</p>	<p>IDT met and designed a Behavior Modification for the consumer resulting in: the consumer being restricted to the facility from 11/28/18 to Dec. 3, 2018; IDT to meet again on Dec. 3, along with the consumer, to review his progress or lack of progress regarding above issue; CM to meet 2/w or on prn basis, with consumer to discuss issues related to drinking alcohol while on medications; consumer is to write a five pages journal even in spanish, his original language, regarding benefits of being sober; consumer is to attend SA groups 2/w in the facility.</p>
<p>Mention any known triggers / stressors On IDT meeting with the consumer, he did admit that last week he drank 2 & 1/2 cans of beer upon offer made to him by an old friend "he just happen to meet in a store". He states acknowledgement of his mistake. The consumer is allowed to go out to the community: for the next two weeks, he will comply with the saliva swab alcohol test, every time he goes out to the community; he will continue to attend the SA group 1/w in the facility; he will continue to meet with CM 2/w:He has returned to CM one page of journal in spanish related to his life and upbringing.</p>	
Level of Observations required	
<input 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 Manager</u></p>

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

Nursing Log Support

Risk Assessment recommended review date: 12/3/2018