

PATIENT'S NAME: Wanagas, Rebecca

■ Completed on: 04/06/18

RISK ASSESSMENT AND MANAGEMENT PLAN

<p align="center"><u>Risk Assessment</u></p> <p><input 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 checked="" type="checkbox"/> Risk Assoc with Behavior (impulsiveness / agitation / threats / elopement)</p> <p><input checked="" type="checkbox"/> Vulnerability (isolation / Exploitation / Self-Care deficits / Special Needs / Physical Problems)</p>	<p align="center"><u>Level of Risk</u></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"><u>Description of Risk</u></p> <p>Rebecca returned from Evanston Hosp on 3/22/18. Prior to hosp, resident expressed s/i by using a razor to cut self, outbursts of agitation prior to hospitalization, medication refusal, low stress tolerance</p>	<p align="center"><u>Risk Management Plan</u></p> <p>nurses check to see that resident is taking medications, follow up with psychiatrist, follow up on 1:1 therapy, support with daily planning, offer 1:1 support as needed, provide reassurance as needed, encourage use of positive coping skills such as reading, music, journaling, walking in community with staff</p>
<p>Mention any known triggers / stressors</p> <p>hx abuse, hx ptsd, paranoid delusions of Russian spies being after her/shooting at her, unstable relationship with mother, unstable interpersonal interactions, not having independent pass, waiting in medication line, perceived injustice</p>	
<p align="center"><u>Level of Observations required</u></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 checked="" type="checkbox"/> Other: _____</p>	<p>STAFF or DEPARTMENT ASSIGNED: <u>case management, nursing, cna, dept heads</u></p>

Signature of person completing form: _____ Date/Time 03/23/18
Nursing Log Support

Risk Assessment recommended review date: 3/30/18