

Risk Plan

Name SAMPLE PLAN Date of Birth _____ Date Completed _____

Identified Risk Issue and Desired Outcome	Why at Risk?	Supports and Interventions	Monitoring	Notification	Record Review/Analysis
<p>Seizure Disorder</p> <p>Seizures will be managed with no adverse outcomes and no increases in frequency, duration or severity.</p>	<p>Diagnosed with Epilepsy in 1994. Typically has 2-3 seizures every month. Most are low intensity and short < 30 seconds.</p>	<p>-All staff will be trained on seizure recognition first aid, and documentation prior to working in the home. -Seizure Protocol will be completed by the IDT and placed in the medical record in the home. The plan includes information on seizure first aid, when to call EMS, what is usual/typical seizure activity, needed safety supports and use of PRN medications. See Seizure Protocol. -Will be followed by a neurologist quarterly or more frequently if noted problems for any prescribed medication and bloodwork. -Medications will be given as prescribed. -Staff will be trained on Medication Side effects, information on each medication will be available in the home</p>	<p>All staff will document each seizure on the Seizure documentation form.</p>	<p>-Staff will notify EMS as needed per guidelines on the Seizure Protocol. -Staff will notify nurse the am of the next working day of each seizure that does not require a PRN or EMS. -Staff will notify nurse as soon as safe for the client of any seizure that required a PRN or EMS. -Staff will notify the nurse immediately of any potential medication side effect.</p>	<p>Nurse will review medical record weekly and refer to neurologist if any noted increases in frequency, intensity, or duration of seizure or any other potential problems/side effects etc.</p>
<p>Constipation</p> <p>Individual will have a soft BM every two days.</p>	<p>Has a diagnosis of constipation, is on medications and dietary aids for constipation. Typically has a BM every 2 days but every 30-60 days requires a suppository. Can use</p>	<p>-Constipation protocol will be completed by the IDT and placed in the medical record in the home behind the Bowel Tracking form. The protocol includes information on recognizing when to call 911, sign and symptoms of constipation, what is normal BM pattern, consistency, needed supports and monitoring. See Constipation protocol. -Medications will be administered as</p>	<p>-Staff will document BM's every shift on the BM tracking sheet. -Staff will document ambulation by initialing off on treatment sheet.</p>	<p>-Staff will notify the nurse if no BM noted by 4pm of the 3rd day. -Staff will notify nurse if noted exertion or breathing problems with ambulation.</p>	<p>-Nurse will review BM record every week and refer to physician if noted changes in pattern , consistency, frequency or other problems.</p>

	the restroom independently.	<p>prescribed.</p> <ul style="list-style-type: none"> -Staff will give Suppository on the AM of the 3rd day no BM. -Staff will be trained on medication side effects. Information on each medication will be available in the home. -Will be evaluated by the physician at least annually and as needed for changes in bowel pattern-frequency, consistency, or if any noted problems. -Will ambulate for 5 minutes 3 times a day -Uses an elevated toilet seat 			
Hypothyroidism Medications will be maintained within therapeutic levels and individual will be without symptoms.	Diagnosed with Hypothyroidism in 2003. Had elevated TSH and started on Synthroid.	<ul style="list-style-type: none"> -Seen by physician at least annually and as needed. -Labs and meds per Physician order -Staff will be trained on med side effects. Information on each medication will be available in the home. 	<ul style="list-style-type: none"> -Monitor for intolerance to heat or cold, changes in activity or sleep level, weight gain or loss. -Weigh monthly on the first Monday of the month in the AM before breakfast. Document on Weight Record. 	<ul style="list-style-type: none"> -Notify nurse if any intolerance to heat or cold, changes in activity level or sleep pattern, weight gain or loss of 5 lbs in a month. 	<ul style="list-style-type: none"> -Nurse-Program Director to review weight records and daily notes for any changes that could indicate a problem. Nurse to notify physician as needed.

If you do not know how to implement the plan or do not have the equipment or supplies to implement the plan, CALL _____!

IST Member Signature	Title	Date

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