

RISK PLAN

Name _____ DOB _____

Date Developed: _____

ASSESSMENT/OUTCOME	BACKGROUND INFO	PLANNING AND IMPLEMENTATION	EVALUATION
1. Identified Health Risk Issue 2. Desired Outcome/Goal	1. History of Health Risk 2. Baseline Information	1. Interventions 4. Notification 2. Monitoring 5. Training 3. Documentation 6. Out of home	1. Record Review 2. Analysis
1. Identified Health Risk Issue <ul style="list-style-type: none"> • List risk issues as identified by the team. 2. Desired Outcome/Goal <ul style="list-style-type: none"> • Desired Outcomes for the person; must be observable and measurable 	1. History of Health Risk <ul style="list-style-type: none"> • Include when diagnosed, what was the cause of the problem, surgeries if applicable. 2. Baseline Information <ul style="list-style-type: none"> • What is the baseline &/or current status? • What is typical for the person? • Brief description of the risk issues/problems 	1. Interventions <ul style="list-style-type: none"> a. What do you need to do? b. When do you need to do it? c. Who does it? d. When do you consider the next step? e. Are there things you need to do to prevent complications or further problems? 2. Monitoring <ul style="list-style-type: none"> a. What do you need to watch /observe /monitor for? 3. Documentation <ul style="list-style-type: none"> a. Who documents what? b. When and where do they document? c. Where is documentation of training kept? 4. Notification <ul style="list-style-type: none"> a. When and who do you call? 5. Training <ul style="list-style-type: none"> a. Who will train when? b. What is the location of training documentation? 6. What do you do when out of home? Address all of the above areas for when at work, day services, visits or trips or any time outside of the home.	1. Record Review and analysis <ul style="list-style-type: none"> • Who reviews the data for problems and trends? • When do they review it? • Where is the review and summary of findings and actions documented?

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

IST Member Signature	Title	Date