

# Risk Identification Tool

Person's legal name: Gloria Louise Amsterdam

Date of last update: 12/30/2016

## HEALTH AND MEDICAL

### 1. Aspiration (*check all that apply*):

Risk present? ☒ Yes ☐ No ☐ History ☐ SC/PA follow-up

- ☐ a. Diagnosis of dysphagia, or has been identified to be at risk for aspiration by a qualified medical professional
- ☐ b. Ingests non-edible objects, places non-edible objects in mouth, or has a diagnosis of pica
- ☒ c. Has a feeding tube
- ☐ d. Diagnosed with gastroesophageal reflux (GER) and the physician has identified the person at risk of Aspiration
- ☐ e. Complains of chest pain, heartburn, or have small, frequent vomiting (*especially after meals*) or unusual burping (*happens frequently or sounds wet*) and the physician has identified the person at risk of Aspiration
- ☒ f. Someone else puts food, fluids, or medications into this person's mouth

***If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of aspiration. (Check all that apply)***

- ☐ g. Food or fluid regularly falls out of this person's mouth
- ☐ h. Coughs or chokes while eating or drinking (*more than occasionally*)
- ☐ i. Drools excessively
- ☐ j. Chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication
- ☐ k. Regularly refuses food or liquid (*or refuses certain food/liquid textures*)
- ☐ l. Needs his/her fluids thickened and/or food texture modified
- ☐ m. Eats or drinks too rapidly

Evaluation results: ☐ Risk present ☐ No risk ☐ Other (*see comments*)

Comments:

**2. Dehydration (*check all that apply*):**

Risk present? ☒ Yes ☐ No ☐ History ☐ SC/PA follow-up

- ☐ a. Asks for or routinely requires assistance to get something to drink
- ☒ b. Receives fluids through a tube
- ☐ c. Required intravenous (IV) fluids due to dehydration in the past year

***If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of dehydration. (Check all that apply)***

- ☐ d. Takes medication known to cause dehydration and this person would not recognize or communicate if he/she were dehydrated
- ☐ e. Coughs or chokes while eating or drinking (*more than occasionally*)
- ☐ f. Drools excessively
- ☐ g. Chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication
- ☐ h. Regularly refuses food or liquid (*or refuses certain food/liquid textures*)
- ☐ i. Needs his/her fluids thickened and/or food texture modified

Evaluation results: ☐ Risk present ☐ No risk ☐ Other (*see comments*)

Comments:

**3. Choking (*check all that apply*):**

Risk present? ☐ Yes ☒ No ☐ History ☐ SC/PA follow-up

- ☐ a. Ingests non-edible objects, places non-edible objects in mouth, or has a diagnosis of pica

***If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of choking. (Check all that apply)***

- ☐ b. Eats or drinks too rapidly

☐ c. Stuffs food into his/her mouth

☐ d. Coughs or chokes while eating or drinking (*more than occasionally*)

Evaluation results: ☐ Risk present ☐ No risk ☐ Other (*see comments*)

Comments:

**4. Constipation (*check all that apply*):**

Risk present? ☐ Yes ☒ No ☐ History ☐ SC/PA follow-up

☐ a. Takes routine bowel medications for constipation or has taken "as needed" (prn) medications for constipation more than two times a month within the past year (*do not include fiber*)

☐ b. Required a suppository or enema for constipation within the past year

***If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of constipation. (Check all that apply)***

☐ c. Has had more than one episode in the past year of complaining of pain when moving his/her bowels

☐ d. Has had more than one known episode of hard stool in the past year

☐ e. Takes a medication that causes constipation and this person would not recognize or communicate if he/she were constipated

Evaluation results: ☐ Risk present ☐ No risk ☐ Other (*see comments*)

Comments:

**5. Seizures (*check all that apply*):**

Risk present? ☒ Yes ☐ No ☐ History ☐ SC/PA follow-up

☐ a. Has a diagnosis of seizures or epilepsy and/or had a seizure within the past five (5) years

☒ b. Takes medication to control seizures and/or has taken medication to control seizures within the past five (5) years

☐ c. Has had a seizure in the past year. Address safety precautions e.g. driving, water safety, bicycle use, safety equipment, etc.

Comments:

Other health risks	Yes / No / History	SC/PA follow-up
<b>6. Unsafe medication management:</b> At risk of serious harm as a result of misuse of medication, medication overdose, frequently missing a medication dose, or lifestyle choices that conflict with medications ( <i>diet, supplements, alcohol, other drugs or medications, etc.</i> )	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>7. Complications of diabetes:</b> Has a diagnosis of pre-diabetes or diabetes	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>8. Complications associated with</b> ( <i>list type of tube or ostomy</i> ): Feeding tube, needs support to keep area clean and free from infection Has an ostomy or tube, such as a urinary catheter, colostomy, etc.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>9. Unreported pain or illness:</b> Does not report or is unable to describe pain, signs of illness, or where it is located	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>10. Lack of access to medical care:</b> Transportation, geographical, financial, cultural, or other ( <i>non-behavioral</i> ) reasons exist that prevent medical care	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>11. Injury due to falling:</b> Needs support to avoid an injury due to falling. Consider risk due to mobility or transfer support needs	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>12. Other serious health or medical issues:</b> Consider any other important, serious health or medical issues. List specific additional risk(s):	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>

Comments: The team suspects that Gloria may not be able to report pain at times - watch for other signs of pain, such as grimacing while she is receiving care with her feeding tube and trouble sleeping.

## SAFETY

Risk	Yes / No / History	SC/PA follow-up
<b>13. Water temperature safety:</b> Needs any support to adjust water temperature to avoid scalding	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>

Risk	Yes / No / History	SC/PA follow-up
<b>14. Fire evacuation safety:</b> Needs any assistance to evacuate when a fire or smoke alarm sounds	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>15. Household chemical safety:</b> Needs any support to avoid serious injury from household chemicals	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>16. Vehicle safety:</b> Needs any assistance to remain safe around traffic, while getting in or out of a vehicle or while riding in vehicles	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>17. Court-mandated protection:</b> <i>Someone else</i> has a court-mandated condition or restriction against them to address this person's safety (e.g. <i>protective orders or restraining orders to keep this person safe</i> ). If yes, list court order and date:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>18. Significant risk of exploitation:</b> Evidence, signs, or circumstances of significant increased risk of abuse or exploitation	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>19. Enters into contracts that he/she may not be able to complete:</b> Consider the person's capacity to make an informed decision about contracts or agreements he/she enters into.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>20. Safety and cleanliness of the residence:</b> Conditions within the residence may lead to injury, illness, eviction, or significant loss of property.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>21. Other safety issues:</b> Consider any other important, serious safety issues at home or in any other setting (e.g. <i>workplace equipment, bullying, harassment</i> ). List specific additional safety risk(s):	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
Comments:		

## FINANCIAL

Risk	Yes / No / History	SC/PA follow-up
<b>22. Potential for financial abuse:</b> Complaints or evidence of significant increased risk of financial exploitation (e.g. <i>provider organization staff or Foster provider handle the person's money, frequently loans money or property to others, bills are unpaid, etc.</i> )	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
Comments: Gloria receives support with her money. She is able to make all financial decisions but requires support to arrange and handle her finances.		

## MENTAL HEALTH

Risk	Yes / No / History	SC/PA follow-up
<b>23. Mental health:</b> Needs support managing or coping with mental health	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>24. Suicide:</b> Engages in suicidal ideation, attempts, gestures, or threats <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>A current evaluation by a qualified professional is expected to determine if the person is at risk of suicide.</b>  Evaluation results: <input type="radio"/> Risk present <input type="radio"/> No risk <input type="radio"/> Other (see comments) </div>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
<b>25. Other mental health issues:</b> Consider any other important, serious mental health issues, such as past trauma, addiction, etc. List additional mental health risk(s):	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
Comments:		

## BEHAVIOR

☒ No risk identified in this section (*skip to next section*)

## EVALUATIONS

Risk(s)	Type of evaluation	Evaluation date	Has condition changed since evaluation?	Where evaluation is kept
Aspiration	Choking Evaluation	12/13/2016	No, evaluation is current.	Book in Gloria's home

Dehydration, complications associated with G tube	Physical exam	9/28/2016	No, evaluation is current.	Book in Gloria's home
Seizures	Neurology exam and labs - med levels	4/2/2016	No, evaluation is current.	Book in Gloria's home

## CONTRIBUTORS

Name	Title/relationship
Gloria Louise Amsterdam	Person receiving services
Stacy Blonde	Manager, Blue Skies
Dr. Nicholas Riviera	Primary care physician
Marvin Monroe	Neurologist

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