

Risk Identification Tool

Person's legal name: John Smith

Date of last update: 7/5/2017

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
6. Unsafe medication management: 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"/>
7. Complications of diabetes: Has a diagnosis of pre-diabetes or diabetes	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
8. Complications associated with (<i>list type of tube or ostomy</i>): Has an ostomy or tube, such as a urinary catheter, colostomy, etc.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
9. Unreported pain or illness: Does not report or is unable to describe pain, signs of illness, or where it is located	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
10. Lack of access to medical care: 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"/>
11. Injury due to falling: Needs support to avoid an injury due to falling. Consider risk due to mobility or transfer support needs	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
12. Other serious health or medical issues: Consider any other important, serious health or medical issues. List specific additional risk(s): Congestive Heart Failure (CHF); Injury due to blow to the chest	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>

#11: John is at great risk if he falls forward or receives a blow to his chest. John can safely fall on his bottom without injury to chest.

Comments: #12: John was diagnosed with CHF on 3/15/89 by Dr. Jones; information is in his medical archive file. Information provided by M. Manor 7/5/17

SAFETY

Risk	Yes / No / History	SC/PA follow-up
13. Water temperature safety: Needs any support to adjust water temperature to avoid scalding	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
14. Fire evacuation safety: 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"/>
15. Household chemical safety: 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"/>
16. Vehicle safety: 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"/>
17. Court-mandated protection: <i>Someone else</i> has a court-mandated condition or restriction against them to address this person's safety (<i>e.g. 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"/>
18. Significant risk of exploitation: 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"/>
19. Enters into contracts that he/she may not be able to complete: 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"/>
20. Safety and cleanliness of the residence: 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"/>
21. Other safety issues: Consider any other important, serious safety issues at home or in any other setting (<i>e.g. workplace equipment, bullying, harassment</i>). List specific additional safety risk(s): New tool use	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
Comments:		

FINANCIAL

Risk	Yes / No / History	SC/PA follow-up
22. Potential for financial abuse: Complaints or evidence of significant increased risk of financial exploitation (e.g. provider organization staff or Foster provider handle the person's money, frequently loans money or property to others, bills are unpaid, etc.)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> History	<input type="checkbox"/>
Comments:		

MENTAL HEALTH

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

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
Dehydration	conversation with PCP	5/24/2011	No, evaluation is current.	Dr's Visit Form kept in Medical File

CONTRIBUTORS

Name	Title/relationship
John Smith	Person receiving services
Michelle Manor	House Manager
Ingrid Moore	Employment Coordinator

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