

Name \_\_\_\_\_

Issue 1:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## *RISK ASSESSMENT/SUPPORT PLAN 14* *Sleep Pattern*

Risk Assessment Objectives: To Maximise Sleep by Natural and /or Therapeutic Means:

Tick box if relevant

- Monitor Sleep Pattern
- A Warm Drink prior to Bedtime
- Toilet Prior to Bedtime
- Wash Names hands and face before retiring
- Ensure Oral Hygiene before retiring
- Give Medication as Prescribed
- Reassure and Support Name's and families where required
- Observe for Sleep preventing symptoms – urinary infection etc
- Observe for Medical conditions – Chest infections, UTI's etc
- \_\_\_\_\_

### PERSONAL STATEMENT

Name's mum has enabled Name to include the above in their nighttime routines

### RISK ASSESSMENT THROUGH CONCERN LEVELS

**IF THE SCORE IS BETWEEN 7-10 THERE MUST BE AN ESSENTIAL ACTION PLAN**

Severity	Concern level	Tick Box for Concern level	Concern by colour
10	Safeguarding concerns	[ ]	
09	3rd Party Intervention concerns	[ ]	
08	Destabilising concerns	[ ]	
07	Escalating concerns	[ ]	
06	Concerning concerns	[ ]	
05	Moderate Concerns	[ ]	
04	Medium concerns	[ ]	
03	Minimal concerns	[ ]	
02	Trivial concerns	[ ]	
01	No concerns	[ ]	

### ACTION PLAN

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Signed \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Review Monthly

Name \_\_\_\_\_

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## *RISK ASSESSMENT / SUPPORT PLAN 14*

### *Sleep Pattern*

**Outcome:** Name is supported to maximise their sleep pattern

#### ASSESSMENT

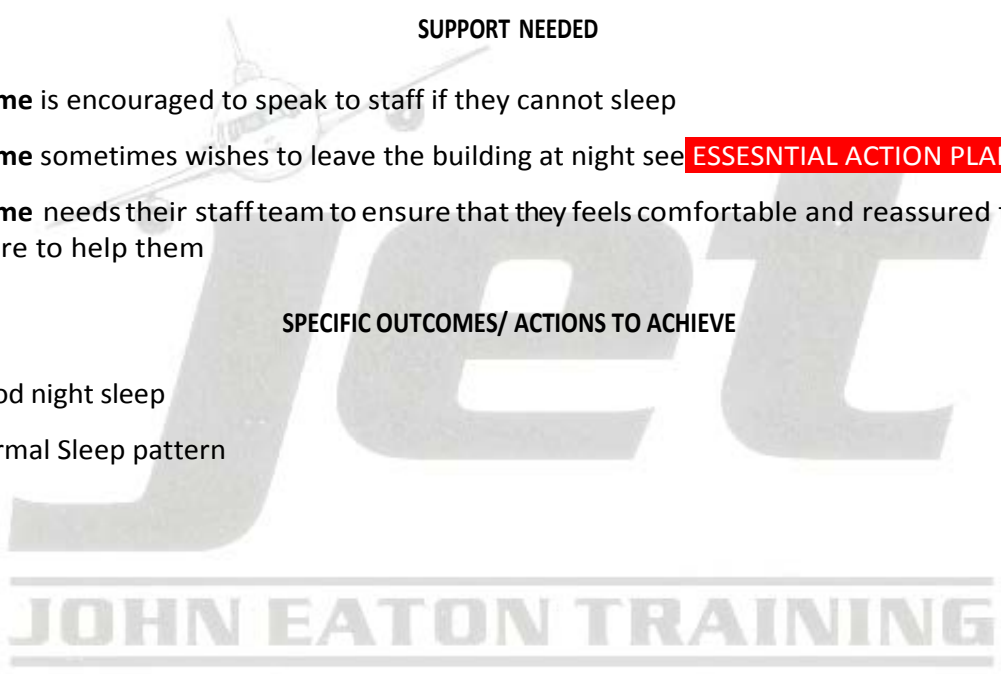
- Name** sleeps normally
- Name** sometimes spends all day in bed at weekends
- Name** gets up on time to go to college
- Name** sometimes will not answer her door, even if awake

#### SUPPORT NEEDED

- Name** is encouraged to speak to staff if they cannot sleep
- Name** sometimes wishes to leave the building at night see **ESSESNTIAL ACTION PLAN**
- Name** needs their staff team to ensure that they feels comfortable and reassured that we are there to help them

#### SPECIFIC OUTCOMES/ ACTIONS TO ACHIEVE

- Good night sleep
- Normal Sleep pattern



Signed \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Review Monthly