Name ____________________ Issue 1: Date: _____/_____/_____

# *RISK ASSESSMENT /SUPPORT PLAN 9*

## *Medication Usage*

**Risk Assessment Objectives: Monitor desired effects of medications and minimise side effects**

**Tick box if relevant**

❑ 1.

❑ 2.

❑ 3.

❑ 4.

❑ 5.

❑ 6.

❑ 7

❑ 8

❑ 9

❑ 10

**PERSONAL STATEMENT**

______________________________________________________________________________

______________________________________________________________________________

**RISK ASSESSMENT THROUGH CONCERN LEVELS**

**IF THE SCORE IS BETWEEN 7-10 THERE MUST BE AN ESSESNTIAL 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**

1. ______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Signed ______________________________ Date: _____/_____/_____ Review Monthly

Name ____________________ **Issue 1:** **Date: _____/_____/_____**

# *RISK ASSESSMENT /SUPPORT PLAN 9*
## *Medication Usage*

**Outcome Name** is self-medicating expect for creams to be applied after showering morning and night

### ASSESSMENT

❑ Name can manage their own medications and is self-managing

### SUPPORT NEEDED

❑ **Name** needs no active support at present

### SPECIFIC OUTCOMES/ ACTIONS TO ACHIEVE

❑ **Name** to advise when they needs help

❑ **Name** can be prompted for medication needs if necessary

JOHN EATON TRAINING

Signed _______________________________ Date: _____/_____/_____ Review Monthly