

Levels Of Risk/Behavior	C.O. Appropriate?	Interventions
<p>Level I: Risk Of Accidental Self-Injury</p> <p>Purpose: To provide a safe environment for the patient who is identified as an accidental safety risk</p> <ul style="list-style-type: none"> <li>Identified risk to fall</li> <li>Requirement of procedure/test/treatment</li> <li>Removal/dislodgment of treatment devices/medical apparatus</li> <li>Postural/adaptive support</li> </ul>	No	<p>If indicated, initiate:</p> <ul style="list-style-type: none"> <li>Fall Prevention Protocol*</li> <li>Medical Immobilization Protocol*</li> </ul> <p>*Protocols approved by Nursing and Medical Staff; R.N. orders protocol</p>
<p>Level II: Risk Of Accidental Injury To Self Or Other, Due To Psychiatric Disorder</p> <p>Purpose: To provide safe and effective care for the patient with emerging dangerous behaviors, due to an acute confusional state or a dementing illness, that place the patient and/or others at risk of accidental injury.</p> <ul style="list-style-type: none"> <li>Agitation</li> <li>Aggressive behavior</li> <li>Wandering</li> </ul>	No	<p>For restraint use, initiate:</p> <ul style="list-style-type: none"> <li>Fall Prevention Protocol*</li> <li>Medical Immobilization Protocol*</li> </ul> <p>*See Level I</p> <p><u>or</u></p> <ul style="list-style-type: none"> <li>Implement Restraint Procedure per individual time-limited order</li> </ul>
<p>Level III: Risk Of Intentional Self-Destructive Acts</p> <p>Purpose: To provide safe and effective care for the patient with current, potential and/or anticipated self-destructive behaviors.</p> <ul style="list-style-type: none"> <li>Suicidal ideation or intent</li> <li>Self-mutilation</li> </ul>	Yes	<p>If indicated, implement:</p> <ul style="list-style-type: none"> <li>Acute Suicidal Precautions Procedure</li> </ul> <p>Psychiatry consultation order within 24 hours to determine ongoing dangerousness</p>
<p>Level IV: Risk Of Intentional Harm To Others</p> <p>Purpose: To provide safe and effective care for the patient with current, potential and/or anticipated destructive behaviors directed towards others.</p> <ul style="list-style-type: none"> <li>Homicidal ideation or intent</li> <li>Assaultive behavior</li> </ul>	Yes	<p>If indicated, implement:</p> <ul style="list-style-type: none"> <li>Restraint Procedure per individual time-limited order</li> </ul> <p>Psychiatry consultation order within 24 hours to determine ongoing dangerousness</p>
<p>Level V: Confirmed Active Non-Compliant T.B. Patient</p>	Yes Required by Dept. of Health	<ul style="list-style-type: none"> <li>Charge to State</li> </ul>