Vancouver CoastalHealth
Promoting wellness. Ensuring care.

RISK ASSESSMENT TOOL

1. Purpose

> The purpose of the risk assessment tool is to promote collaboration between clients, caregivers, and health professionals in identifying client strengths, areas of risk and the resources that are currently in use to provide safe care in their home environment. This information should provide the basis for realistic care planning.

2. Considerations

- Prior to doing a risk assessment the health care professional should spend time with the client so that he/she can clarify his/her goals and values.
- Consultation between client, caregivers and health care professionals is an essential part of risk assessment. The caregiver may be a spouse, family member or significant other. *If consensus is not reached about client risk this should be identified.*
- Individual risk factors may be tolerable. A risk for one person may not be a risk for another due to their personal strengths, support system and environmental supports. When there are several risk factors the client's overall risk may become intolerable.
- Client goals, strengths and supports, together with the identified risks should provide direction for the development of the care plan.
- Some risk factors may not apply to an individual. These factors should be identified as not applicable (N/A).
- Levels of risk are assessed as follows:

There are three levels of risk:

0 No risk- no intervention required.
1 Tolerable risk-intervention may or may not be required.
2 Intolerable risk- (as determined by the six elements)-intervention required.

Intolerable risk has six elements:

- A change in the person that impairs his or her ability to protect himself/herself
- or others, from harm
- Evidence of current decline/severe change in condition
- The severity of the anticipated harm
- The high probability that decline/severe change will occur
- The imposition of risks on others
- The inability to choose to be at risk

(Adapted from original risk appraisal work by Geriatric Clinical Practice Working Group, April 1997)

CLIENT RISK ASSESSMENT TOOL

Name:	**Age:**	**Level of Risk:**		**Abbreviations:**	
Continuing Care #: **Level of Care (if known):**	**Focus of Care:**	0	No Risk	CI	Client
A/OA Staff:	☐Acute/Curative	1	Tolerable Risk	CG	Care Giver
Caregiver: **Relationship:**	☐Chronic/Restorative	2	Intolerable Risk	HP	Health Professional
Date:	☐Palliative			N/A	Not Applicable

Risk Factors	**Comment on strengths, personal and present supports:**	**Level of Risk**		
		CI	CG	HP
1. PERSONAL FACTORS:				
> AGE: increasing age, particularly > 85 y.o.	In general, risk tends to increase with	N/A	N/A	N/A
> GENDER: female > male	increasing age and in older women.	N/A	N/A	N/A
FUNCTIONAL STATUS:				
> Deficits in personal care and I/ADL's.				
> Decreased mobility – include impaired balance, falls				
> Decreased limb function – lower> upper limb function				
> Decreased vision and hearing				
> Decreased communication abilities				
MENTAL STATUS:				
> **Memory loss**				
> Decreased organizational abilities including initiation				
> Decreased decision-making abilities – includes insight/judgement				
> Depression				
> Anxiety				
> Thought content: paranoia > suspiciousness				
> Altered behaviour-multiple-particularly aggression				
HEALTH STATUS:				
> Self assessment (good to poor) correlates with risk				
> Increased complexity of disease → symptoms, resulting disability				
> Particular diseases – heart disease, stroke, diabetes, cancer, Parkinson's, COPD				
> Frequent emergency visits or within last month				
> Frequent hospitalizations or within last 6 months				
> Frequent visits to GP				
> Poor nutrition				
> Impaired oral/dental health				

Risk Factors	Comment on strengths, personal and present supports:	Level of Risk		
		CI	CG	HP
RISK-TAKING BEHAVIORS:				
> Smoking				
> Substance abuse-alcohol, drugs (street, OTC. Rx)				
> Medication-seeking, non-compliance (also with other treatments)				
> Medical care - no GP; underuse				
> Self Neglect				
> Services-reluctant; refuses				
> Maintaining abusive relationships				
> Lack of contingency plans				
> Driving-appears to be unsafe				
OTHER PERSONAL FACTORS				
2. EXTERNAL FACTORS				
SOCIAL CONDITIONS:				
> Living alone or with elderly spouse				
> Little or no family/friend contact				
> Caregiver burden				
> Family Conflict				
> Neglect/abuse				
> Social isolation				
> Financial difficulties				
> Lack of appropriate surrogate decision-maker				
ENVIRONMENTAL CONDITIONS:				
> Home safety: disrepair, objects-mobility, fire				
> Infestations				
> High crime neighborhood				
> Insecure about housing-eviction, high rent				
> Homelessness				
MEDICATIONS FROM DR.:				
> Number/Type (e.g. polypharmacy, use of benzodiazepines)				
OTHER EXTERNAL RISK FACTORS				