

**AIDE MEMOIRE – DEMENTIA RISK/BENEFIT ASSESSMENT**

<p><b>MENTAL STATE</b></p> <ul style="list-style-type: none"> <li>• Appearance and behaviour</li> <li>• Speech</li> <li>• Mood</li> <li>• Sleep</li> <li>• Thought content (expressions of fear, anxiety, over-valued ideas / delusions)</li> <li>• Perception, command hallucinations</li> <li>• Cognition</li> <li>• Insight</li> <li>• Previous history of serious mental illness</li> <li>• Relapse signatures</li> </ul>	<p><b>SELF HARM / SUICIDAL BEHAVIOUR</b></p> <ul style="list-style-type: none"> <li>• Current suicidal thoughts or plans</li> <li>• Previous history of suicide attempts / self harm</li> <li>• Family history of suicide / or recent loss</li> <li>• Access to means – inc. firearms</li> <li>• Final Acts</li> </ul>
<p><b>PREMORBID HISTORY OF VIOLENCE &amp; AGRESSION</b></p> <ul style="list-style-type: none"> <li>• Previous violence, aggression or assault towards others including – other patients / staff / family / carers / general public</li> <li>• Talking of or planning to harm others</li> <li>• Display high anger, hostility, threatening behaviour</li> <li>• Threats against a particular individual</li> <li>• History of owning, carrying, using weapons</li> <li>• History of property damage</li> <li>• Arson (deliberate fire setting)</li> <li>• Sexual assault (includes touching / exposure)</li> <li>• Criminal history, including exclusion orders, bail</li> <li>• Conviction for violent/sexual offences</li> <li>• Personality changes</li> <li>• Acts of aggression</li> </ul>	<p><b>CURRENT BEHAVIOURAL &amp; PSYCHOLOGICAL SYMPTOMS</b></p> <p>Change in:</p> <ul style="list-style-type: none"> <li>• Personality</li> <li>• Insight</li> <li>• Expression of need</li> <li>• Behaviour</li> <li>• Perception of reality</li> <li>• Triggers</li> </ul>
<p><b>PHYSICAL HEALTH</b></p> <ul style="list-style-type: none"> <li>• Physical conditions / impairments which may place the person at risk</li> <li>• Seriousness of condition – intensity of care needs</li> <li>• Stability of any condition, likelihood of relapse/crisis occurring</li> <li>• Sensory impairment</li> <li>• Medication concordance</li> <li>• Terminal, painful or debilitating illness</li> <li>• Delirium risk – infection, intoxication, dehydration, analgesic withdrawal</li> </ul>	<p><b>MOBILITY</b></p> <ul style="list-style-type: none"> <li>• Property unsuitable for disabled access</li> <li>• Physical conditions contributing to falls e.g. tremors/seizures, visuo spatial disorder</li> <li>• Are there any moving &amp; handling issue, with risks to persons/carers</li> </ul>
<p><b>DIET / NUTRITION</b></p> <ul style="list-style-type: none"> <li>• Food prepared left uneaten or thrown away</li> <li>• Eating unsuitable food/irregular meals e.g. out of date (NB: diabetes or additional risk factors)</li> <li>• Ability to make a warm drink safely</li> <li>• Weight loss – who monitors this and how</li> <li>• Not storing food correctly – risk of food poisoning</li> <li>• Poor fluid intake</li> </ul>	<p><b>ALCOHOL / SUBSTANCE MISUSE</b></p> <ul style="list-style-type: none"> <li>• Known history of alcohol / substance abuse</li> <li>• Currently misusing alcohol / substances</li> <li>• Previous accidental overdose</li> </ul>

<p><b>ENVIRONMENTAL CONDITIONS</b></p> <ul style="list-style-type: none"> <li>• Refusal of cleaning services / environmental health</li> <li>• Pets kept in house at all times</li> <li>• Hoarding paper, clothing etc., which may lead to fire risk and other hazards</li> <li>• Cigarettes - frequency of smoking, awareness of safe disposal</li> <li>• Self Neglect</li> <li>• Inadequate heat, due to condition of property or source of heating</li> <li>• Refusal to have adequate heating on (anxiety about bills, unaware of temperature)</li> <li>• Ability to operate a gas/electric fire properly</li> <li>• Ability to operate cooker safely</li> <li>• Standing/placing clothing too close to fire, leading to burns/fire hazards</li> <li>• Evidence of infestation by vermin</li> <li>• Flooding – leaving taps running</li> <li>• Stairs/uneven flooring – risk of falling</li> <li>• Poor lighting</li> <li>• Ability to secure the home environment – doors/windows</li> <li>• Sensitivity to noise</li> </ul>	<p><b>CHILD CARE AND SAFEGUARDING ADULT ISSUES</b></p> <ul style="list-style-type: none"> <li>• Involvement of other services, e.g., family and child care team, health visiting</li> <li>• UNOCINI done or needed</li> <li>• Emotional abuse, threats of violence or neglect of any child / children</li> <li>• History of domestic violence</li> <li>• Adult on protection register</li> <li>• Vulnerable adult in household</li> <li>• Safeguarding issues</li> <li>• Children or young people living with the person</li> <li>• Child or young person acting in the caring role</li> <li>• Current verbal or physical expressions of unmet sexual needs or sexualised behaviour</li> </ul>
<p><b>RELATIONSHIP WITH RELATIVE / CARER</b></p> <ul style="list-style-type: none"> <li>• Known history of threat / violence towards the relative / carer or vice versa</li> <li>• Current risk of threat / violence towards the relative / carer or vice versa</li> <li>• Restrictive environment and practices</li> <li>• Does the person/carer mislead others with respect to concordance with treatment</li> <li>• Unplanned disengagement from services</li> <li>• Carer stress – risk of emotional or physical abuse from carer</li> <li>• Utilisation of respite for the carer and person's and carers' acceptance of same</li> </ul>	<p><b>COMMUNITY CONCERNS</b></p> <ul style="list-style-type: none"> <li>• Relatives/carers unable to continue supporting, demands too high</li> <li>• Impact/consequences of BPSD in local community</li> <li>• Impact of BPSD on service provision</li> <li>• Driving</li> <li>• Road Safety</li> <li>• Multiple residences</li> </ul>
<p><b>GOING OUT ALONE SAFELY / SEEKING ASSURANCE</b></p> <ul style="list-style-type: none"> <li>• Day</li> <li>• Night</li> <li>• Frequency</li> <li>• Road safety</li> <li>• Ability to get home</li> <li>• Dressing appropriately for the weather</li> <li>• Not being at home to give access to support services</li> </ul>	<p><b>SOCIAL ISOLATION</b></p> <ul style="list-style-type: none"> <li>• Loneliness</li> <li>• Social withdrawal / Lethargic / Disorientated / Forgetfulness</li> <li>• Inviting strangers into the home to make up for social isolation</li> </ul>
<p><b>FINANCE</b></p> <ul style="list-style-type: none"> <li>• Refuse/forget to pay fuel/rent/bills and charges</li> <li>• Unable to understand finances</li> <li>• OCP referral made</li> <li>• Controllership or EPA in place</li> <li>• Lack of co-operation with financial assessment (person/carer)</li> <li>• Hoarding/hiding money</li> <li>• Financial abuse/exploitation by strangers or family/friends</li> </ul>	

## RISK SCREENING TOOL – DEMENTIA RISK/BENEFIT ASSESSMENT

<b>NAME</b>		<b>DOB</b>		<b>DATE</b>		<b>TIME</b>	
Outpatient / community		Inpatient (insert Hosp No.)		<i>Voluntary</i>		<b>Detained</b>	

### INFORMATION SOURCES AVAILABLE / ACCESSED ON COMPLETING RISK HISTORY

<b>Key Worker / Team Leader</b>	Specify:	
<b>Service user</b>	Specify:	
<b>Clinical notes</b>	Specify:	
<b>General Practitioner (GP) via referral</b>	Specify:	
<b>General Practitioner (GP) direct/ by telephone</b>	Specify:	
<b>Carer / relative</b>	Specify:	
<b>Police / probation services</b>	Specify:	
<b>Other (Please Specify)</b>	Specify:	

**PLEASE PROVIDE DETAILS UNDER EACH HEADING (HISTORICAL AND CURRENT)**

#### 1. MENTAL STATE

	<b>Yes</b>		<b>No</b>		<b>Unknown</b>	

#### 2. SELF HARM / SUICIDAL BEHAVIOUR

	<b>Yes</b>		<b>No</b>		<b>Unknown</b>	

#### 3. PREMORBID HISTORY OF VIOLENCE & AGRESSION

	<b>Yes</b>		<b>No</b>		<b>Unknown</b>	

4. CURRENT BEHAVIOURAL & PSYCHOLOGICAL SYMPTOMS						
	Yes		No		Unknown	
5. PHYSICAL HEALTH						
	Yes		No		Unknown	
6. MOBILITY						
	Yes		No		Unknown	
7. DIET/NUTRITION						
	Yes		No		Unknown	
8. ALCOHOL/SUBSTANCE MISUSE						
	Yes		No		Unknown	
9. ENVIRONMENTAL CONDITIONS						
	Yes		No		Unknown	
10. CHILD CARE AND SAFEGUARDING ADULT ISSUES						
	Yes		No		Unknown	
11. RELATIONSHIP WITH RELATIVE/CARER						
	Yes		No		Unknown	

12. COMMUNITY CONCERNS						
	Yes		No		Unknown	
13. GOING OUT ALONE SAFELY / SEEKING ASSURANCE						
	Yes		No		Unknown	
14. SOCIAL ISOLATION						
	Yes		No		Unknown	
15. FINANCE						
	Yes		No		Unknown	

<b>COLLATERAL HISTORY / RELATIONSHIP TO SERVICE USER</b>			
<b>SUMMARY OF ACTIVE RISK</b>			
<b>SUMMARY OF PROTECTIVE FACTORS</b>			
<u>NEXT STEPS</u>	Name of Person(s) responsible	Signed:	By Who and When:

CONTINGENCY ARRANGEMENTS

**FURTHER ACTION NECESSARY**

**Discuss with Multidisciplinary Team**

**Comprehensive Risk Assessment**

**Specialised Risk Assessment**

**Keep under review**

**No further action required**

**DISTRIBUTION**

Service user  Key Worker  Other  (specify) \_\_\_\_\_

Service User's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Not signed

Explain: \_\_\_\_\_

Carer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Not signed

Explain: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Designation \_\_\_\_\_

Contact Tel No: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Designation \_\_\_\_\_

Contact Tel No: \_\_\_\_\_

# RISK SCREENING TOOL – RECORD OF REVIEWS

<b>NAME</b>		<b>DOB</b>	
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<b>DATE/ TIME</b>	<b>UPDATE/ CHANGE IN RISK</b>	<b>ALTERATION TO RISK MANAGEMENT PLAN</b>	<b>LEAD RESPONSIBILITY</b>	<b>Signed:</b>