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|  | **Risk Assessment Management Plan – Urine Infection Risk Assessment** |

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| **RISK ASSESSMENT** | | | | | | | | | | | | |
| **Name** |  | | | | **Reference Number** | | | |  | | | |
| **Identified Risk** | Risk associated with a urine infection. | | | | | | | | | | | |
| **Assessment Date** |  | | | | | | | | | | | |
| **Risk Factors** | **Likelihood** | | | | | | | **Severity** | | | | |
| Rare | | | | | | 1 | None / Trivial | | | | 1 |
| Unlikely | | | | | | 2 | Minor / No Injury | | | | 2 |
| Likely | | | | | | 3 | Moderate / First Aid | | | | 3 |
| Very Likely | | | | | | 4 | Severe / Medical assistance | | | | 4 |
| Almost Certain | | | | | | 5 | Extreme / Fatal | | | | 5 |
| **Risk Matrix** | **=** | | **Severity** | | | | | | | | | |
| **Likelihood** | | **1** | | | **2** | | **3** | | **4** | **5** | |
| **1** | | 1 | | | 2 | | 3 | | 4 | **5** | |
| **2** | | 2 | | | 4 | | 6 | | 8 | 10 | |
| **3** | | 3 | | | 6 | | 9 | | 12 | 15 | |
| **4** | | 4 | | | 8 | | 12 | | 16 | 20 | |
| **5** | | 5 | | | 10 | | 15 | | 20 | 25 | |
| **Risk Level and Action** | **Level** | | | | | | | **Action** | | | | |
| 1 – 4 | NO CURRENT RISK | | | | | | No further action, but ensure controls are maintained and monitored | | | | |
| 5 – 9 | LOW RISK | | | | | | Develop management plan and review quarterly | | | | |
| 10 – 16 | MEDIUM RISK | | | | | | Develop management plan and review monthly | | | | |
| 16+ | HIGH RISK | | | | | | Develop management plan and review subject to each occurrence | | | | |
| **Assessment Summary** |  | | | | | | | | | | | |
| **Author(/s)** | **Print Name** | | | **Position / Relation** | | | | **Signature** | | | | |
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| **RISK MANAGEMENT PLAN** | | | | | |
| **Purpose** | The purpose of this risk management plan is to identify the risk of a urine infection. | | | | |
| **Proactive Measures** | **The following risks may need to be considered when a urine infection is suspected.**   * Temperature and feeling unwell. * Urine smells offensive * Dark coloured urine * Pain when passing urine * Urine retention * Blood in the urine. * Confusion and agitation * Incontinence * Frequency of urination * Lower back pain   **Action:**   * Create an individual and person centered care plan with the service user and or family as appropriate. * Commence on fluid watch and create a 24-hr total required. * Fluid record chart in place and totalled every 24 hours and staff aware. * Pass on previous 24 hr total intake at handover and check documentation. * Inform GP as required and send sample if requested and document date and time. * Monitor for agitation / confusion as appropriate and support and reassure. * Awareness of pain and discomfort and treat accordingly. * Document any PRN medication given. * Administer medication as prescribed. * Be aware of history of constipation. * Persistent symptoms need to be reported to GP for further advice / treatment. | | | | |
| **Author(/s)** | **Print Name** | **Position / Relation** | | **Signature** | |
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| **Cosignatories**  **(Staff Team)** | **Print Name** | | **Position / Relation** | | **Signature** |
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|  | **RISK ASSESSMENT REVIEW** |  |
| **Date** | **Notes** | **Name & Signature** |
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