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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.
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| **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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