

Name:

NHS Number:



Dynamic Support Database Adult – Risk rating tool

| Question | Options | Possible Score | Risk score | Details/ comments |
|---|----------------------------|----------------|------------|-------------------|
| Type of Accommodation | Hospital | | | |
| | Living independently | | | |
| | Living with parents/carers | | | |
| | Nursing home | | | |
| | Residential accommodation | | | |
| | Supported living | | | |
| | Other | | | |
| Name of current provider | | | | |
| Deprivation of Liberty (DOLS) | Yes | | | |
| | No | | | |
| Court of Protection | Yes | | | |
| | No | | | |
| Any significant life events in the last 6 months? If so please specify details. | Yes | 2 | | |
| | No | 0 | | |
| Does the person have an unstable or untreated mental health condition? | Yes | 3 | | |
| | No | 0 | | |
| Does the person have an unstable or untreated physical health condition? | Yes | 2 | | |
| | No | 0 | | |
| Has the person had previous admissions in the last 2 years? | Yes | 1 | | |
| | No | 0 | | |
| Date of previous admissions | | | | |
| Does the person present significant behavioural problems? | Yes | 3 | | |
| | No | 0 | | |
| Is the person being supported in an unstable environment or by changing staff team? | Yes | 3 | | |
| | No | 0 | | |
| Is the person previously known to CLDT? | Yes | | | |
| | No | | | |
| Is the person in contact with the criminal justice system? | Yes | 2 | | |
| | No | 0 | | |

| | | | | |
|---|----------------|------------------|--|--|
| Has the person presented in crisis as Accident and Emergency in the last month? | Yes | 2 | | |
| | No | 0 | | |
| Does the person have family/carers/advocates? | Yes | | | |
| | No | | | |
| Does the person have a history of Drug or Alcohol misuse in the last two years? | Alcohol | 2 | | |
| | Drugs | 2 | | |
| | Both | 2 | | |
| | Neither | 0 | | |
| Was the person's transition from children's services effective in the last 12 months? | No | 1 | | |
| | Yes | 0 | | |
| | Not applicable | 0 | | |
| Is the person placed in specialist 52 week residential school? | Yes | 1 | | |
| | No | 0 | | |
| Has the person been recently discharged from long stay in hospital in the last 2 years? <i>(Long stay is considered to be 6 months or more).</i> | Yes | 2 | | |
| | No | 0 | | |
| Total | | 0 - 4 = Green | | |
| | | 5 - 7 = Amber | | |
| | | 8+ = Red | | |

Blue Light

| | | | |
|---|--|--|--|
| If admission cannot be avoided where will admission take place? | | If other please specify name and address | |
| MDT Meeting Date | | | |
| Avoidance Admission Meeting Date | | | |
| Community Care and Treatment Review Date | | | |
| Revised RAG Rating | | | |
| Post Admission Care and Treatment Review Date | | Admission Date | |
| Planned Discharge Date | | Actual Discharge Date | |

Completed by

| | |
|--------------------------|--|
| Completed by (Clinician) | |
| Date Completed | |