

**Anxiety/Panic Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of experiencing intense or excessive symptoms of anxiety.

**Desired Outcome:**       will express any feelings causing anxiety. Staff will encourage the usage of coping skills and to avoid triggers or situations that cause anxiety, redirecting as needed. Staff will respond as trained if symptoms of anxiety are exhibited.

**Why at risk/History:**

**Anxiety** is a feeling of fear, dread, and uneasiness and is a normal reaction to stress. It may cause sweating, feeling restless and tense, and a rapid heartbeat. However, people with anxiety disorders frequently have intense, excessive, and persistent worry and fear about everyday situations.

**Anxiety/panic disorder** is a type of anxiety in which the person has sudden episodes, referred to as panic attacks, which may last 10 minutes or more. These episodes may include physical symptoms such as the ones listed below and may resemble a heart attack. Approximately 25% of ER visits for heart attacks are actually related to a panic attack.

**Supports and interventions:**

* Staff will assist      , as needed, to know, understand, and avoid triggers or situations that cause anxiety, which are      .
* Staff will encourage      , as needed, to regularly exercise, practice deep breathing for relaxation, and other coping skills to reduce stress.
* Staff will encourage      , as needed, to get sufficient sleep and maintain a regular sleep schedule as much as possible, including weekends.
* If       begins exhibiting symptoms of anxiety, staff should encourage them to express their feelings, use their coping skills, and then redirect them to another activity.
* Family/staff will communicate any occurrences that may cause increased anxiety.
* is responsible for ensuring mental health services are provided as needed.
* **If**       **exhibits symptoms of a panic attack:**
  + Staff will encourage       tosit in a quiet place and take slow, deep breaths, inhaling through the nose and exhaling through the mouth. Staff may demonstrate taking slow, deep breaths to model the pace and technique.
  + Blood pressure and pulse should be taken. A reading of 150/100 or greater is considered high but not life-threatening. **CALL 911 if blood pressure is 180/110 (either number) or higher.**

**Monitor:**

* Worry and apprehension out of proportion to the decision or event
* Restlessness
* Sleep problems
* Difficulty concentrating
* Irritability
* Sadness
* Feeling pressure and hurried
* Changes in heart rate
* Tension in the head, neck, back, or shoulders
* Headache
* Nausea or diarrhea
* Sweating
* Dry mouth
* Tightness in the throat and difficulty breathing
* Trembling or shaking
* Feeling faint, lightheaded, or dizzy
* **Panic attacks**, which may include any combination of the above symptoms, as well as:
  + Chest pain
  + Difficulty breathing
  + Chills or hot flashes
  + Sense of impending doom or danger
  + Fear of loss of control or sudden death
  + Feeling of unreality or detachment
  + Numbness or tingling sensation

**Notify:**

* **Call 911 if exhibiting symptoms of a heart attack, blood pressure is 180/110 (either number) or higher, emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager, Health and Safety Tech and/or Nurse of any symptoms of anxiety, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of anxiety, change of condition, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | | **Anxiety/Panic** | | |  |
| **Print Name** | | **Signature** | **Company/Title** | | **Date** |
|  | |  | **Paladin/Program Manager** | |  |
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