

**Encephalopathy Risk Plan**

**Participant’s Name:**

**Date plan Begins:**

**Date Plan Expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of symptoms of encephalopathy.

**Desired Outcome:**       will exercise, socialize with peers, and engage in academic activities in order to maintain social, cognitive, fine, and gross motor skills. Staff will assist       to maintain a lifestyle that decreases the risks of developing or escalating the symptoms of encephalopathy. Staff will respond as trained if symptoms of encephalopathy are exhibited.

**Why at risk/History:**

**Encephalopathy** refers to temporary or permanent brain disease, damage, or malfunction and may be present from birth and never change, while others are acquired after birth and may get progressively worse. It happens when there’s been a change in the way [the brain](https://www.webmd.com/brain/picture-of-the-brain) works or a change in the body that affects the brain due to physical injury, exposure to toxins, health conditions, infections, poor nutrition, or lack of oxygen. Those changes lead to an altered mental state, leaving a person not acting as they usually do. It can present a very broad spectrum of symptoms that range from mild, such as some memory loss or subtle personality changes, to severe, such as dementia, seizures, coma, or death.

**Supports and interventions:**

*
*
*
* Staff will assist      , as needed, to avoid situations that increase risk of physical injury and exposure to toxins.
* Staff will encourage      , as needed, to eat a heathy diet.
* Staff will assist      , as needed, to take medications as prescribed, ensure health conditions are maintained, and seek medical attention as necessary.
* Staff will encourage      , as needed, to engage in academic and social activities, such as, art, puzzles, conversations with peers, and memory games in order to maintain cognitive abilities.
* Staff will encourage      , as needed, to engage in fine and gross motor exercises/games in order to maintain physical abilities.
* Staff will assist      , as needed, with confusion, forgetfulness, or difficulty completing a task, such as, zipping/buttoning coat, personal care, etc.
* Staff will redirect      , as needed, for agitation or frustration.

**Monitor:**

* Confusion
* Memory loss
* Personality changes
* Trouble thinking clearly or focusing
* Trouble speaking
* Muscle weakness or twitches they can’t control
* Eye movements they can’t control
* Tremors
* Trouble swallowing
* Sleepiness
* Mood swings
* Seizures
* Change of mental status-confusion, disorientation
* Loss of consciousness

**Notify:**

* **Call 911 if exhibiting a change in mental status that causes a change in behavior, 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 encephalopathy, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of encephalopathy, 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.

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