

**Obsessive Compulsive Disorder (OCD) Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of experiencing obsessions and/or compulsions that interfere with daily life and the quality of life.

**Desired Outcome:**       will express any feelings or thoughts. Staff will encourage the usage of coping skills and to avoid situations or triggers that may cause adverse feelings, thoughts, or behavior, redirecting as needed. Staff will respond as trained if symptoms of obsessive-compulsive disorder are exhibited.

**Why at risk/History:**

**Obsessive-compulsive disorder** (**OCD**) features a pattern of unwanted thoughts and fears (**obsessions**) that lead a person to do repetitive or ritualized behaviors (**compulsions**). These obsessions and compulsions take up a substantial amount of time, interfere with daily activities, and cause significant distress.

**Supports and interventions:**

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* Staff will assist      , as needed, to avoid       triggers, which are      .
* Staff will encourage      , as needed, to regularly exercise, practice deep breathing for relaxation, and other coping skills to reduce stress.
* Staff will redirect mental and physical attention to alternate activities as needed.
* Staff will encourage      , as needed, to get sufficient sleep and maintain a regular sleep schedule as much as possible, including weekends.
* Family/staff will communicate any occurrences that may cause increased obsessions and/or compulsions.
* 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:**

* Compulsive behavior
* Agitation
* Compulsive hoarding
* Hypervigilance
* Impulsivity
* Meaningless repetition of own words
* Repetitive movements
* Ritualistic behavior
* Social isolation
* Persistent repetition of words or actions
* Anxiety
* Apprehension
* Guilt
* Panic attacks
* Depression
* Fear
* Food aversion
* Nightmares
* Repeatedly going over thoughts

**Notify:**

* **Call 911 if threatening violence towards self or others, 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 of any symptoms of obsessive compulsive disorder, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of obsessive compulsive disorder, 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** | **Obsessive Compulsive Disorder (OCD)** |  |
| **Print Name** | **Signature** | **Company/Title** | **Date** |
|  |  | **Paladin/Program Manager** |  |
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