

Risk Assessment Worksheet for Nursing Care

Patient Name:

Patient ID / MRN:

Assessment Date:

Assessed By:

Risk Assessment Table

Potential Risk	Risk Factors	Likelihood (Low/Med/High)	Impact (Low/Med/High)	Planned Interventions	Responsible Nurse	Review Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes / Recommendations: