ELOPEMENT RISK ASSESSMENT

INSTRUCTIONS: Complete upon admission or per facility policy. For each question under Resident Evaluation Factors, check (\checkmark) YES or NO as appropriate. On the reverse, check (\checkmark) all interventions used and enter date initiated for each one checked. Summarize findings, conclusions and recommendations in the space provided.

	RESIDENT EVALUATION FACTORS	YES	NO			
1.	Is the resident cognitively impaired with poor decision-making skills (i.e., intermittent confusion, cognitive deficit or disoriented all the time)? If yes, explain					
2.	Does the resident have a pertinent diagnosis (i.e., Dementia, OBS, Alzheimer's, Delusions, Hallucinations, Anxiety Disorder, Depression, Manic Depression, Schizophrenia)? If yes, explain					
3.	Does the resident ambulate independently, with or without the use of an assistive device (including a wheelchair)? If yes, explain					
4.	Does the resident have any visual or auditory deficits? If yes, explain					
5.	Does the resident verbally express the desire to go home?					
6.	Does the resident have a history of elopement at home? If yes, number of times and explain occurrences					
7.	Does the resident have a history of leaving the facility without needed supervision? If yes, number of times and circumstances					
8.	Does the resident have a history of leaving the facility without informing staff? If yes, number of times and circumstances					
9.	Does the resident wander a miessly? If yes, explain					
10.	Is the esident a new admission (within past 30 days) and not accepting the new situation? If no, number of days/menths in the facility					
11.	Does the resident receive any medications that increase restlessness or agitation? If yes, explain					
12.	If this is a new behavior, has there been a medication change? If yes, explain					
13.	Is the resident experiencing any pain? Is yes, explain					
14.	. Has the resident sustained a personal tragedy or received upsetting information? If yes, explain					
15.	Is the resident wandering/seeking to find spouse and/or family? If yes, explain					
NAME-	-Last First Middle Attending Physician Record No. Roc	m/Bed				

ELOPEMENT RISK ASSESSMENT

INTERVENTIONS									
DATE INITIATED	Check all that apply		DATE INITIATED	Check all that apply					
	☐ Personal safety al	arm devices		_ □ Recreational activit	ies				
	☐ Exit and stairwell a	alarms		_ 🗖 Music					
	☐ Secured unit			_ □ Exercise					
	☐ Frequent monitorii☐ Tapes with reassu			Personalization of a familiar objects and					
	from family			Decorate doors and to look like someth					
	☐ Identification brace			_ □ Use of visual barrie					
	Utilization of a che	eck in/out log		ribbons, tape	p - 3 ,				
	☐ Bed alarms			Photo on wander li					
				Staff aware of resid	lent's wander risk				
Interventions included on nursing care plan									
SUMMARY/CONCLUSIONS/RECOMMENDATIONS									
		, 05							
									
									
Signature/Title of Person Completing	Form			Date	//				
NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed				
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