

ELOPEMENT RISK TRACKING LOG

INSTRUCTIONS: Complete this form for each elopement occurrence for an individual resident or per facility policy. Use this form to track risk factors, trends, summaries and conclusions. Apply a check (✓) for all applicable items.

Date:		Comments
Time:	✓	
DIAGNOSIS/STATUS	Dementia	<input type="checkbox"/>
	Alzheimer's Disease	<input type="checkbox"/>
	Organic Brain Syndrome	<input type="checkbox"/>
	Delusions	<input type="checkbox"/>
	Hallucinations	<input type="checkbox"/>
	Anxiety disorder	<input type="checkbox"/>
	Schizophrenia	<input type="checkbox"/>
	Depression	<input type="checkbox"/>
	Bipolar disorder	<input type="checkbox"/>
	MR/DD	<input type="checkbox"/>
	New diagnosis/ disease process	<input type="checkbox"/>
	Alert at all times	<input type="checkbox"/>
	Intermittent confusion	<input type="checkbox"/>
	Disoriented all times	<input type="checkbox"/>
	Visual deficit	<input type="checkbox"/>
	RISK FACTORS	Physical impairment
Ambulatory by self		<input type="checkbox"/>
Ambulatory w/assistive device (include W/C)		<input type="checkbox"/>
Poor decision-making skills		<input type="checkbox"/>
Hearing and/or com- munication problems		<input checked="" type="checkbox"/>
New admission		<input type="checkbox"/>
Hx of elopements before admission		<input type="checkbox"/>
Hx of elopements since admission		<input type="checkbox"/>
30-120 days without elopement		<input type="checkbox"/>
More than 120 days without elopement		<input type="checkbox"/>
Recent life changes (death/loss)		<input type="checkbox"/>
Does not accept current living situation		<input type="checkbox"/>
Verbalizes desire to go home		<input type="checkbox"/>
Exhibits fear/anxiety		<input type="checkbox"/>
Wanders aimlessly		<input type="checkbox"/>
Wanders because someone else does		<input type="checkbox"/>
Seeking spouse, family, food and/or toilet		<input type="checkbox"/>
Experiencing pain or discomfort		<input type="checkbox"/>
Hovers/waits near exits		<input type="checkbox"/>
Tries to leave with another person		<input type="checkbox"/>
Removes/tries to remove wander detection device	<input type="checkbox"/>	

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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ELOPEMENT RISK TRACKING LOG

Date:		COMMENTS
Time:	✓	
RISK FACTORS	Talks about going on a trip	<input type="checkbox"/>
	Packs up belongings	<input type="checkbox"/>
	Enters other resident rooms/goes thru their belongings	<input type="checkbox"/>
MEDICATIONS	Recent changes in medication	<input type="checkbox"/>
	Receives medications that ↑ restlessness/agitation	<input type="checkbox"/>
	Medications not in therapeutic range	<input type="checkbox"/>
	Abnormal blood/serum levels (lab results)	<input type="checkbox"/>
OCCURRENCE	Did not leave unit	<input type="checkbox"/>
	Left unit	<input type="checkbox"/>
	Did not leave building	<input type="checkbox"/>
	Left building	<input type="checkbox"/>
	Did not leave campus property	<input type="checkbox"/>
	Left campus/property	<input type="checkbox"/>
	Eloped in morning (6am-12 Noon)	<input type="checkbox"/>
	Eloped in afternoon (12:01pm-5pm)	<input type="checkbox"/>
	Eloped in evening (5:01pm-10pm)	<input type="checkbox"/>
	Eloped at night (10:01pm-5:59am)	<input type="checkbox"/>
Eloped at shift change	<input type="checkbox"/>	
CARE PLAN	Wearing safety/alarm device	<input type="checkbox"/>
	ID bracelet on	<input type="checkbox"/>
	Photo on Wander List at nurses station	<input type="checkbox"/>
	Staff educated on Wander List	<input type="checkbox"/>
	Care Plan addresses wandering and risk for elopement	<input type="checkbox"/>
	Resident Care Plan followed	<input type="checkbox"/>
Care Plan updated	<input type="checkbox"/>	
ADDITIONAL COMMENTS/SUMMARY/CONCLUSION/PLAN		
Signature/Title: _____		Date: _____

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed