

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

SAMPLE

BriggsHealthcare.com

(800) 247-2343

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

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

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