

A00082793308 05/01/1956 60 ROSE M000597460

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ELOPEMENT RISK ASSESSMENT FOR MENTAL HEALTH PATIENT IN THE EMERGENCY DEPARTMENT

INSTRUCTIONS: Complete upon admission or per facility policy. For each question, check YES or NO as appropriate. On the reverse, check all interventions used and enter date initiated for each checked. Summarize findings, conclussion, and recommendations in the space provided. ☐ Yes ☐ No. Does the patient have a history of elopement? If yes, explain: ☐ Yes ☐ No: Is the patient cognitively impaired with poor decision-making skills (i.e., intermittent confusion, cognitive deficit or disoriented all the time)? If yes, explain: Yes No: Is the patient attempting to wander in Emergency Department? If yes, explain: If the answer to any of the above questions is yes, the patient is an elopement precaution. The patient must remain in the Emergency Department for a Mental Health Evaluation. Patient should be changed into scrubs. A safety huddle should be initiated between Emergency Department and Behavioral services staff. Patient should be placed on constant observation. Yes No: Is the patient on a 9.41 or 9.45 legal status in the Emergency Department? Are they accepting of the situation, or are they focused on discharge? If yes, explain: Yes \(\subseteq \text{No: Does the patient have a pertinent diagnosis (i.e., Dementia, OBS, Alzheimer's, Delusions. Hallucinations, Anxiety Disorder, Depression, Manic Depression, and Schizophrenia)? If yes, explain: Tyes \(\subseteq No: \) Does the patient ambulate independently, with or without the use of an assistive device (including a wheelchair)? If yes, explain:







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□ Yes	☐ No: Does the patient have any visual or auditory deficits? If yes, explain:
□ Yes	☐ No: Is the patient under the influence of illegal drugs, prescription drugs or alcohol? If yes, explain:
 □ Yes	☐ No: Has the patient sustained a personal tragedy or received upsetting information? If yes, explain:
	PLAN OF CARE / INTERVENTIONS
	☐ Recreational activities
	☐ Music / Television
	☐ Phone calls to family or friends
	All staff aware of Elopement Risk
	SUMMARY / CONCLUSSIONS / RECOMMENDATIONS
10	
RN Sig	gnature: Me bece Curry Le Date / Time: 12/25/14 2300