

ADMISSION ELOPEMENT ASSESSMENT

Policy & Procedure

Policy:

It is the responsibility of the interdisciplinary team to assist in identifying residents at risk for elopement. The following guidelines will be followed for residents upon admission. For the purposes of this policy, elopement is defined as leaving the facility premises without following the facility's policies and procedures for leave of absence.

Procedure:

1. A thorough history of diagnoses, behaviors, and wandering activity will be obtained from the resident, significant others, medical records, and social services.
2. A medication review shall be performed by the physician to identify medications that may impact the resident's cognitive level and safety awareness.
3. An assessment of the resident's overall mobility status and use of assistive devices will be performed by skilled therapy.
4. Each resident shall receive a name band with their name and facility name identified on it.
5. The name band will be checked for placement on a daily basis during the provision of care and medication administration.
6. Two photographs of new residents will be taken after consent has been obtained by the resident or responsible party.
7. Photographs will be maintained in the resident's medical record and on the Medication Administration Record.
8. Photographs will be updated as required to reflect changes in resident appearance.
9. A thorough Elopement Risk Assessment will be performed during the admission process to identify those residents at high risk for elopement using the **"Resident Elopement Assessment Form" and algorithm.**
10. Residents identified as high risk for elopement will have preventive interventions initiated on the resident care plan.
11. Direct care staff will be informed of the resident's risk and the appropriate interventions to address the risk of elopement.
12. Resident's actively exhibiting exit seeking behaviors will be placed on 15 minute checks to ensure their safety until appropriate placement can be found.
13. Staff will utilize the **"Wander Management Program"** policy and procedure to assist in identifying preventive techniques and interventions.
14. Resident and/or responsible party will receive instruction on the facility's leave of absence policy.

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

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I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____

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