

**Dane County Assisted Living Quality Program
Elopement Risk Assessment Form**

Instructions: Complete upon admission, thirty days after admission, quarterly, and with significant change in condition/mental health status.

Resident Name: _____

Date of Assessment: _____

RESIDENT STATUS/POTENTIAL RISK FACTORS

Does the resident have a diagnosis of dementia, OBS, Alzheimer's, delusions, hallucinations, anxiety disorder, depression, bi-polar, or schizophrenia? **NO**
YES

Does the resident ambulate independently, with or without the use of an assistive device (including a wheel chair)? **NO**
YES

Does the resident have any hearing, vision or communication problems? **NO**
YES

Is the wandering behavior a pattern or routine tied to resident's past (i.e., worked third shift, taking long walks, seeking someone they cannot find?) **NO**
YES

Has the resident been recently admitted or re-admitted (within past 30 days) and not accepting of the situation? **NO**
YES

Does the resident receive any medications that increase restlessness and agitation? **NO**
YES

DEFINITIVE RISK FACTORS

Is the resident cognitively impaired with poor decision-making skills (i.e., intermittent confusion, cognitive deficits, disoriented?) **NO**
YES

Has the family/responsible party voiced concerns that would indicate the resident may have wandering tendencies or try to leave? **NO**
YES

Has the resident verbally expressed the desire to go home, packed belongings to go home, talked about going on a trip, or stayed near exit door? **NO**
YES

Does the resident have a history of:
Elopement while at home? **NO**
YES

Leaving facility without informing staff? **NO**
YES

Does the resident wander without a sense of purpose (i.e., confused, moves aimlessly, may enter others' rooms and explore others' belongings)? **NO**
YES

Is this a new behavior? Has there been any change in the resident's status or routine (i.e., medication, illness, pain, infection, loss of a loved one)?

NO.
YES

SCORING: three of more "Resident status/Potential Risk Factors" and/or one or more "Definitive risk factors" indicate a resident *at risk* for elopement.

Summary of Assessment

____ Resident *is at risk* for elopement at this time.

____ Resident is not at risk for elopement at this time

Interventions have been: ____ initiated ____ reviewed ____ modified ____

Intervention numbers: _____

Date Physician orders requested? _____

Date Family/Responsible Party/Resident notified? _____

Date case manager notified? _____

Date ISP/Staff updated? _____

Additional comments: _____

Potential Interventions

- | | |
|---|--|
| 1. Personal safety alarm device | 13. Music |
| 2. Exit and stairwell alarms | 14. Decorate doors/door knobs to resemble something else |
| 3. Secured unit | 15. Use of visual barriers: stop signs, ribbons, tape |
| 4. Frequent monitoring: check every _____ | 16. Other |
| 5. Keep behavior logs | _____ |
| 6. Review medications | _____ |
| 7. Tapes with reassuring messages from family | |
| 8. Exercise | |
| 9. Identification bracelet | |
| 10. Utilization of check in/out log | |
| 11. Bed alarm | |
| 12. Recreational activities | |