**Wandering and Elopement Risk Assessment**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Resident Name Date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reason for Assessment** | **Yes** | **No** | **History of Negative Outcomes** | **Yes** | **No** |
| New Admission \*\* |  |  | Falls |  |  |
| Re-admission |  |  | Injuries |  |  |
| Change in Status |  |  | Weight loss |  |  |
| **Ambulation Status** |  |  | Interference with ADL’s |  |  |
| Independent Ambulation \*\* |  |  | Interference with caregiving |  |  |
| Independent with walker \*\* |  |  | Verbal altercations |  |  |
| Independent with W/C \*\* |  |  | Physical altercations |  |  |
| Ambulatory with assistance \*\* |  |  | **Medical Problems** |  |  |
| **Wandering History** |  |  | Infection |  |  |
| Episodes of elopement \*\* |  |  | Uncontrolled diabetes |  |  |
| Pacing (in a limited area) |  |  | Congestive heart failure |  |  |
| Intrusion (into other’s room or belongings) |  |  | **Medications** |  |  |
| Searching (investigation or rummaging) |  |  | Antipsychotics |  |  |
| **Cognitive Status** |  |  | Antidepressents |  |  |
| Diagnosis of dementia or cognitive impairment \*\* |  |  | Sedatives |  |  |
| Absence of safety awareness/judgment skills |  |  | Antihistamines |  |  |
| **Psychiatric History** |  |  | **Functional Status** |  |  |
| Altered mood: irritability, fear, sadness, anxiety |  |  | Inability to read/understand signs |  |  |
| Delusions: paranoid or other |  |  | Inadequate hearing |  |  |
| Psychosis: hallucinations,aggressiveness |  |  | Unsteady gait |  |  |
| **Associated Symptoms** |  |  | Incontinent bowel/bladder |  |  |
| Screaming |  |  | Dependent for ADL’s |  |  |
| Agitation |  |  | **Other:** |  |  |
| Anxiety |  |  |  |  |  |
| Aggression |  |  |  |  |  |
| Restlessness |  |  |  |  |  |
| Insecurity |  |  |  |  |  |

Any “Yes” under “Wandering History”, complete this section:

Onset and duration of wandering behavior \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency of wandering behavior \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of day wandering behavior occurs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any precipitating factors such as hunger, toileting, delusions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Wandering and Elopement Risk Assessment**

**(Continued)**

Describe any episodes of elopement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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No identifiable risk for wandering/elopement \_\_\_\_\_\_\_\_\_\_

High risk for wandering \_\_\_\_\_\_\_\_\_\_ High risk for elopement \_\_\_\_\_\_\_\_\_\_

**\*\* If the resident is a new admission with episodes of elopement, diagnosis of dementia or cognitive impairment and independent with ambulation (any category), place the resident on q 15’ wandering/elopement precautions.**

Care Plan Interventions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarterly Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarterly Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarterly Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_