**MISSING PATIENT SEARCH CHECKLIST**

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| --- | --- | --- |
| **Patient Name:** | **Unit:** | **Room Number:** |
|  |
| **Date of Elopement:** | **Search Coordinator:** |
| **Search Start Date/Time:** | **Search End Date/Time:** |
|  |
| **Unit searched:** | **Search Start Time:** | **End Time:** |
|  |
| **AREAS SEARCHED (To be completed by all units participating in the search):** |
| **\_\_Patient rooms****\_\_Public bathrooms****\_\_Soiled utility areas** | **\_\_Linen rooms/supply****\_\_Housekeeping closets****\_\_Pantry****\_\_Utility closets** | **\_\_Stairwells****\_\_Waiting areas****\_\_Locked areas****\_\_Other** |
|  |
| **Responsible Director/Supervisor:** |
|  |
| **Names of individuals involved in the search:** |
| **PLEASE CALL SEARCH COORDINATOR WITH YOUR RESULTS at XXX-XXXX****FORWARD THIS FORM TO RISK MANAGEMENT** |

**Signature of Search Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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