**MISSING PATIENT SEARCH CHECKLIST**

|  |  |  |
| --- | --- | --- |
| **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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