

**Supportive Living Program
Dementia Care Setting
Elopement Risk Assessment**

SLP Provider Name: _____

Resident Name: _____ **RIN:** _____

Resident Status/Potential Risk Factors	
Does the resident have a diagnosis of dementia, organic brain syndrome, Alzheimer's disease, delusions, hallucinations, anxiety disorder, depression? Please circle those that apply.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the resident ambulate independently, with or without the use of an assistive device (including a wheel chair)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the resident have any hearing, vision or communication problems?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a wandering behavior a pattern or routine tied to the resident's past (i.e., worked third shift, taking long walks, seeking someone they cannot find)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the resident been recently admitted or re-admitted to the SLP community and is not adjusting to the situation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the resident receive any medications that increase restlessness and agitation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Definitive Risk Factors	
Is the resident cognitively impaired with poor decision-making skills (i.e., intermittent confusion, cognitive deficits, disoriented)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the resident verbally expressed the desire to go home, packed belongings to go home, talked about going on a trip or stayed near an exit door?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the resident have a history of: <ul style="list-style-type: none"> • Elopement while at home? • Leaving a previous community/facility without informing staff? • Attempting to leave the SLP dementia care setting? 	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the resident wander without a sense of purpose (i.e., confused, moves aimlessly, may enter others' rooms and explore others' belongings)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the wandering described above or history of elopement/attempted elopement 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)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Resident Name: _____

SCORING: Three or more “Potential Risk Factors” and /or one or more “Definitive Risk Factors” indicate a resident is at risk for elopement.

Number of Potential Risk Factors: _____

Number of Definitive Risk Factors: _____

Check one:

_____ Resident is at risk for elopement at this time and requires delayed egress as a safety intervention.

_____ Resident is **NOT** at risk for elopement at this time and does not require delayed egress as a safety intervention. The need for delayed egress is not a requirement to reside in the dementia care setting.

If resident is NOT at risk for elopement:

Date Resident/Family/Designated Representative notified of referrals for other community placement for consideration: _____

Registered Nurse Signature

Date

Staff Signature

Date

**Supportive Living Program
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INSTRUCTIONS**

Purpose:

The purpose of the elopement risk assessment form is to determine if an individual requires an alarmed, delayed exit door (delayed egress) as a necessary safety intervention. The need for delayed egress is not a requirement to reside in a dementia care setting.

Completion Requirements:

An elopement risk assessment is required **prior** to admission and quarterly thereafter.

A registered nurse must complete, or at a minimum, review and co-sign the risk assessment. The assessment is considered “complete” on the date the registered nurse signs the form.

If answering “Yes” to the Definitive Risk Factor, “Is the resident cognitively impaired with poor decision-making skills (i.e., intermittent confusion, cognitive deficits, disoriented)?”, the resident must have a moderate to severe cognitive impairment.

Look Back Period:

New admission assessments—Past 30 days.

Quarterly assessment—Since the previous assessment.

Risk Not Identified:

If an elopement risk assessment does not identify the need for delayed egress as a safety intervention, the person may be admitted/continue to reside in the SLP dementia care setting. Staff must provide the individual/family/designated representative with referral information for other possible community placement.