### Runaway Precautions

**Policy Number:** 3364-122-13  
**Department:** Nursing Service – Kobacker Inpatient Psychiatric Hospital  
**Approving Officer:** Director of Nursing/Chief Nursing Officer  
**Responsible Agent:** Nursing Director of Inpatient Behavioral Health  
**Scope:** The University of Toledo Medical Center  

**Effective Date:** 5/26/2016  
**Initial Effective Date:** 8/1983  

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(A) **Policy Statement**

Some children or adolescents admitted to the Kobacker Center Inpatient Unit may require intensive nursing care in response to runaway behaviors.

(B) **Purpose of Policy**

For the protection of patients.

(C) **Procedure**

1. Patients may be placed on runaway precautions by a physician’s written or verbal order.

2. As a result of his/her clinical assessment, the charge nurse or designated RN may place a patient on runaway precautions and request that the physician sign this order during his/her next unit visit.

3. All runaway precaution orders will be written for a specific length of time and reviewed at the end of their time.

4. Patients on runaway precautions will be monitored on an ongoing basis by nursing staff. Documentation of behavior will be made in the electronic medical record every shift, day and night.

5. Patients will be frequently reminded by staff that they are safe and will be cared for in a special way.

6. Patients on runaway precautions will be restricted to activities within the building, and will be observed closely when near exits or when being transported off the unit.

7. Patients on runaway precautions will be accompanied to school and accompanied 1:1 to other off-unit (within the UTMC campus) appointments.

8. All staff need to be aware of the potential for runaway. The medical record will be flagged indicating the patient is on runaway precautions.

9. The patient’s team members will be notified of any patient that is on runaway precautions by the nurse each morning.
10. If a runaway occurs, the following persons will be notified in the following order:
   a. Campus Police - give picture and description of patient, clothing and circumstances. Begin to fill out AWOL form.
   b. Toledo Police Department - include patient’s current condition and any other pertinent information including date of birth and home address.
   c. Nursing Director or Administrative Coordinator
   d. Unit Medical Director
   e. Parent - and document in medical record of notification or attempts to notify.
   f. Other necessary team members - i.e., therapist, school.

Approved by:

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Review/Revision Completed By:
   Barb Lanz RN
   Kobarck UBC

Date

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4/8/2014
5/26/2016

Next Review Date: 5/1/2019

Policies Superseded by This Policy: