

Name of Policy: Elopement Precautions and Processes			
Policy Number: 3364-122-13			
Approving Officer: Chief Executive Officer Chief Nursing Officer Medical Director		Effective date:	
Responsible Agent: Nursing Director Inpatient Psychiatry		Original effective date: August 1983	
Scope: The University of Toledo Medical Center			
Key words: Kobacker, safety, elopement, precautions, restrictions			
	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy		Reaffirmation of existing policy

(A) Policy statement

To provide safety for the patient and others in the environment and prevent elopement from the inpatient unit. Appropriate procedure will be followed in the event of an elopement.

(B) Purpose of policy

For the protection and safety of patients.

(C) Procedure

- (1) Patients may be placed on elopement precautions by a physician’s written or verbal order.
- (2) As a result of his/her clinical assessment, designated RN may place a patient on elopement precautions, and request that the physician sign this order during his/her next unit visit.
- (3) All elopement precaution orders will be written for a specific length of time and reviewed at the end of that time.

Elopement Precautions and Processes

- (4) Documentation of patient behavior will be made in the electronic medical record every shift, day and night.
- (5) Patients on elopement precautions will be restricted to activities within the building and will be observed closely when near exits or when being transported off the unit.
- (6) All staff need to be aware of the potential for elopement. The medical record will be flagged, indicating the patient is on elopement precautions.
- (7) The patient's team members will be notified of any patient that is on elopement precautions by the nurse each morning.
- (8) If an elopement occurs:
 - (a) Check the entire unit, including the patient's room.
 - (b) The following persons will be notified in the following order.
 - a. Campus police/campus security. Give picture and description of patient, clothing and circumstances.
 - b. Toledo Police Department, if necessary.
 - c. Nursing director or administrative director.
 - d. Unit medical director and/or attending physician.
 - e. Parent/guardian.
 - f. Hospital administration, if available.
 - g. Other necessary team members - i.e., therapist, school.
- (9) Document in medical record of all notifications or attempts to notify, as well as all interventions made and any relevant clinical observations related to patient's behavior and mental state.

<p>Approved by:</p> <hr/> <p>Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer</p>	<p>Policies Superseded by this Policy:</p> <ul style="list-style-type: none"> • <i>None</i> <p>Initial effective date: August 1983</p> <p>Review/Revision Date:</p> <table border="1"> <tr> <td>April 1994</td> <td>April 8, 2014</td> </tr> <tr> <td>May 1995</td> <td>May 26, 2016</td> </tr> </table>	April 1994	April 8, 2014	May 1995	May 26, 2016
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Elopement Precautions and Processes

<hr/> <p>Date</p> <hr/> <p>Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <hr/> <p>Date</p> <hr/> <p>Tanvir Singh, MD Medical Director, CAPH Unit</p> <hr/> <p>Date</p> <hr/> <p>Kassa Casey, MSN, RN Nurse Director, Inpatient Psychiatry</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Psychiatry – Inpatient Administration</i></p>	<table border="1"><tr><td>April 1996</td><td>July 12, 2019</td></tr><tr><td>May 1997</td><td>June 1, 2022</td></tr><tr><td>May 1998</td><td></td></tr><tr><td>April 1999</td><td></td></tr><tr><td>August 2001</td><td></td></tr><tr><td>January 2002</td><td></td></tr><tr><td>April 2004</td><td></td></tr><tr><td>March 2007</td><td></td></tr><tr><td>May 17, 2010</td><td></td></tr></table> <p>April 16, 2025</p> <p>Next review date:</p>	April 1996	July 12, 2019	May 1997	June 1, 2022	May 1998		April 1999		August 2001		January 2002		April 2004		March 2007		May 17, 2010	
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