

MISSING RESIDENT SEARCH CHECKLIST

RESIDENT'S NAME: _____ ROOM #: _____

PHYSICIAN'S NAME: _____

1) TIME LAST SEEN: _____ DATE: _____

2) PHYSICAL DESCRIPTION Age: _____ Height: _____ Weight: _____

Hair: _____ Eyes: _____ Glasses (please circle) YES NO

Special Identifying Features: _____

Clothing Last Worn: _____

3) COLOURED PHOTOGRAPH AVAILABLE (please circle): YES NO

4) LEVEL OF RISK: _____

5) POSSIBLE FAVOURITE PLACES/HANG OUTS: _____

6) OTHER PERTINENT INFORMATION: _____

7) AREAS TO BE SEARCHED – USE FLOOR PLAN AND EXTERIOR MAP of the grounds to search all areas.

RESIDENT FOUND – Location _____ Time: _____

SEARCH COMPLETED – RESIDENT NOT FOUND & CONFIRMED MISSING Time: _____

8) NOTIFICATION

	TIME	NOTIFIED BY
Family		
Police		
Nurse Leader on Call		
Administrator (Administrator Reports to CAO)		
Physician		
Report to MOHLTC (In consultation with Nurse Leader on Call)		
Transportation services – bus, wheel trans, taxi		

9) POLICE NOTIFICATION

Time: _____

Name of Officer _____ Badge # _____

10) NEXT OF KIN Called _____ Time: _____ Initials: _____

Name: _____ Relationship: _____

Address: _____

Telephone #: _____

11) ASSESSMENT OF RESIDENTS CONDITION WHEN FOUND

Location: _____ Time: _____

Assessment: _____

12) PHYSICIAN'S ORDERS RECEIVED

13) NOTIFICATION RESIDENT FOUND

	TIME	NOTIFIED BY
Family		
Nurse Leader on Call		
Administrator (Administrator to notify CAO)		
Police		
Physician		
Report to MOLTC (Nurse Leader on Call to update report)		
Transportation services – bus, wheel trans, taxi		

14) SAFETY PRECAUTIONS TO PREVENT REOCCURRENCE: _____

15) CHARTING COMPLETED (please circle)

YES

NO

Name of RN in Charge (Incident Commander) or designate:
(please print): _____

Signature of RN in Charge (Incident Commander) or designate: _____

Date: _____