**Appendix D**

**MISSING PATIENT ACTION FORM**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reporting Details** | | | | | | | | |
| Patient Name |  | | | | | | | |
| Ward/Location |  | | | | | | | |
| Location last seen |  | | | | | | | |
| Is Patient classed as a Vulnerable adult | | | Y / N | | | | | |
| Time Last Seen |  | By Whom |  | | | | | |
| Sex | M / F | Ethnicity |  | | | | | |
| Age | yrs | Infectious  Disease? | Y / N | | Hospital  ID | |  | |
| Harm to Self? | Y / N | | Harm to  Others | | Y / N | | | |
| If **Yes to Notifiable Disease** contact Infection Control as soon as practically possible  If at **Risk of Harm to Self or Others** alert search staff as appropriate. | | | | | | | | |
| **Description** | | | | | | | | |
| Height: |  | Hair  Colour/Description: | |  | | Size/Build: | |  |
| Clothing: | | | | | | | | |
| NOK: | | | Tel No: | | | | | |
| Notes: | | | | | | | | |
| **CONTINUED ON REVERSE** | | | | | | | | |

**Appendix D**

**MISSING PERSONS ACTION FORM**

**cont’d**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reporting Details** | | | |
| **Action** | **Date/Time** | | **Result** |
| **Nurse in Charge (Insert Name):** | | | |
| Ward Search  Phone Patient |  | |  |
| Inform Porters - **Ext 2132**  **Bleep 1313** |  | |  |
| Immediate Area Search |  | |  |
| Inform Matron |  | |  |
| Bleep Site Co-ordinator **1312** Name : | | | |
| Inform Police (**0845 408 7000) Emergency 2222** |  | |  |
| Inform NOK |  | |  |
| Full Site Search **(Appendix E)** |  | |  |
| Inform On-call Duty Manager |  | |  |
| Patient Found at (time): | | | |
| Patient Found at (location): | | | |
| NOK Informed at (time): | | Police Informed at (time): | |
| Porters Informed at (time): | | Ward Leaders informed at (time): | |
| **Site Co-ordinator** Informed at (time): | | On-call Duty Manager Informed at (time): | |
| Incident report completed | | YES / NO | |

**NURSE – IN – CHARGE**: COMPLETED FORM TO BE RETAINED IN PATIENT NOTES AND COPIED TO RISK MANAGEMENT

**SITE CO-ORDINATOR**: COMPLETES THIS FORM FROM THE MISSING PERSONS PROCEDURE BOX