**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 | InfectiousDisease? | Y / N | HospitalID |  |
| Harm to Self? | Y / N | Harm toOthers | Y / N |
| If **Yes to Notifiable Disease** contact Infection Control as soon as practically possibleIf at **Risk of Harm to Self or Others** alert search staff as appropriate. |
| **Description** |
| Height: |  | HairColour/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 SearchPhone 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