

Patients who go missing from the Emergency Department

Patients may choose to leave the ED for a variety of reasons.

Staff should be aware that some patients may be at higher risk of leaving without telling staff.

Groups who may be at higher risk include patients with mental health difficulties, patients under the influence of substances, patients who have had head injuries, patients with cognitive impairment.



The full policy for reporting people missing to Police is available on the Intranet. (Missing Persons Joint Protocol)

Prevention of Missing Patients

- Staff should where possible be aware of patients who are more likely to abscond. Position patient in sight of staff and give regular reassurance and update about ongoing care & treatment.
- Encourage patients to tell staff if they wish to leave. Consider giving a "Don't become a missing person" leaflet.
- Ensure a mental health risk assessment form is completed

Actions to be taken for Missing Patients

- Inform NIC and discuss missing patient with the ED senior clinician. This should include consideration of risks to the patient & others. A decision should be made on whether there is a need for the patient to return to the ED.
 - If it is necessary for the patient to return to ED a thorough search of the area should be undertaken.
 - Security should be contacted (27074) to make them aware that a patient has gone missing and ask them to check security camera footage.
 - Attempt to contact the patient by phone to ask them to return.
 - If unable to contact the patient, consider whether it is appropriate to contact next of kin to make them aware of the situation and ask if they know of the patient's location.
 - If unable to make contact Police should be contacted to ask them to locate the patient. A clear explanation of the risk involved to the patient & others should be given to Police as well as a physical description of the patient. Police should not be asked to return a patient solely for Venflon removal.
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- If a patient has left the ED for more than 30 minutes, they should be discharged from the TRAK screen. When they return, they should be re booked in as a separate episode.
 - The circumstances around the patient going missing & all actions taken should be clearly recorded in TRAK notes. A Datix form should also be completed.
 - Nurse in charge should inform Site & Capacity team on Bleep 1590.
 - Nurse in charge should inform clinical management team. (By email in OOH periods)

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