# NHS Ayrshire & Arran Acute Services Missing Patient Information Sheet

**Write or attach label**

HCR No: ….......……………………………….. CHI No: ………………………………………… Surname: …...………………………………….. Forename: ….………………....… Sex: …..… Address: …...…………………………………...

……………………………………………………. Date of Birth: …………………………………...

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| DATE |  | Time patient identified as missing |  | Time search commenced |  | Time patient found |  | Time documentation completed |  |

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| **Completed By** |  |
| **Patients Personal Details** |
| Name |  | Ward |  |
| Also known as |  | Place missing from |  |
| Home Address |  | D.O.B |  |
| Telephone No. |  |
| Mobile No. |  |
| Resides with |  |
| Last contact with patient: |  | Details of contact: |  |
| **Next of Kin** | **Other Contact** |
| Name |  | Name |  |
| Relationship |  | Relationship |  |
| Address |  | Address |  |
| Telephone No |  | Telephone No |  |
| Contacted | Time: | Contacted | Time: |
| Outcome of contact : | Outcome of contact : |
| Re Contact | Time: | Re Contact | Time: |
|  | Outcome of contact : |  | Outcome of contact : |

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| **General Appearance** |
| Age |  | Build  |  |
| Ethnicity  |  | Accent  |  |
| Complexion  |  | Facial hair  |  |
| Height  |  | Weight  |  |
| Distinguishing features  |  | Hair colour/style |  |
| Eye colour  |  | Spectacles  |  |
|  Clothing |  |
|  Personal Items / money/ additional clothing in patients possession |
| **Other Information** |
| Has the patient previously been missing? | If yes, where were they found? Give details of debrief ‘welcome back’ report(s).  |
| Last reported sighting (date, time, place)  |  |
| Direction of travel |  |
| Witness by  |  |
| Current mental state |  |
| Current physical state |  |
| Police notified of missing person |  | Time reported  |  |
| **Criteria for classification as Missing Patient** | Please select  |
| Patient is absent from their ward for more than 8 hours without permission and / or when the ongoing risk assessment suggests a high level of risk to themselves or another. |  |
| Where the circumstances are out of character. |  |
| The context suggests the patient may be subject to crime or are in need of support and protection e.g. child protection and vulnerable adults. |  |
| **Current Legal Status** | Please select |
| **Informal**  |  |
| **Mental Health ( Care and Treatment) (Scotland) Act 2003**If detained which section and what does this mean?* 36 Emergency Detention
* 44 Short Term Detention
* 64 Compulsory Treatment Order
* Criminal Procedure Act
* Other
 |  |
| **Adults with Incapacity-** Power of attorney/welfare guardianship | Details: |
| **Criminal Procedure (Scotland) Act 1995** |  |
| **Authorised Leave / Time Out Status** |  |
| **Comments:** |

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| **Additional Information** |
| **Friends / Likely Destinations / Other Contacts** |
| Details: |  | Details: |
| Details: |  | Details: |
| **Warning Signals:**How is this person likely to react to being approached? Do they pose a risk to themselves or others? |
| e.g. confused / violent / aggressive, afraid |
| **Medication:**Are there any risks associated with failure to take medication?Has the patient missed any medications/ when are medications next due and what is the likely impact on the service user of this? (Consideration can be given to forecasting if the missing period becomes extended) |
| e.g. insulin / sedation / epilepsy therapy |
| **Any other relevant information that could assist in targeting resources and the safety of the patient** |
|  |
| **PATIENT FOUND AND RETURNED TO CLINICAL AREA** |
| Date and time of return |
| Nature of return (Police, family, own accord) |
| Police notified of return? |
| Other relevant information on return: |

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**Record of return discussion / debrief when patient returns to the clinical area**

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| --- |
| 1. Why did you decide to go missing? |
|  |
| 2. Where did you go? |
|  |
| 3. What did you do? |
|  |
| 4. Who were you with? |
|  |
| 5. Was there anything you feel health care staff could have done to prevent you going missing? |
|  |
| 6. Did anything bad happen to you whilst you were away? |
|  |
| 7. Additional relevant information |
|  |
| 8. Outcome/ Changes to Management Plan e.g. referrals for additional support |
|  |  |
| Completed by: | Signature: |
| Date: | Time: |
| **PLEASE RETAIN THIS FORM IN THE PATIENT’S NOTES.****IF PHOTOCOPYING FACILITIES ARE AVAILABLE A COPY CAN BE PROVIDED TO POLICE.****IF NO PHOTOCOPYING FACILITIES ARE AVAILABLE PLEASE PROVIDE VERBAL INFORMATION TO THE POLICE.** |

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