Montana Mental Health Nursing Care Center

Selection Criteria for residents on E-Wing/Echo Lane

Resident Name:_____

Residents placed on the Secure Wing should have behavior and symptom criteria consistent with at least one of the following:

- ❑ **1 Elopement Risk**

Describe how this affects the resident:_____
_____
_____
_____

- ❑ **2. Behavior Problems which require a high level of supervision**

Describe:_____
_____
_____
_____

- ❑ **3. Other:**

Describe:_____
_____
_____
_____

Review Quarterly (Dates)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____