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Series Editor: Marie Boltz, PhD, APRN, BC, GNP
Managing Editor: Sherry A. Greenberg, MSN, APRN, BC, GNP
New York University College of Nursing

Wandering in Hospitalized Older Adults

By: Nina M. Silverstein, PhD, University of Massachusetts Boston, and Gerald Flaherty, Alzheimer's Association, Massachusetts Chapter

WHY: Hospital patients with dementia are at risk for wandering and getting lost either in or outside the hospital. Once lost, they are in danger of injury and even death from falls, accidents, and exposure.ⁱ The acute medical conditions that initially brought these patients to the hospital compound the likelihood of serious negative outcomes from wandering and getting lost.

Research shows that the majority of older adults with dementia who are ambulatory wander at some time, whether they live at home or in a residential care facility.ⁱⁱ The number of patients with dementia who exhibit this behavior in the hospital is not known. Some characteristics of the hospital setting may discourage wandering, but other characteristics of the setting and hospital experience probably promote the behavior. In general, people with dementia wander because they are disoriented, restless, agitated, or anxious; because they are looking for something (e.g., the bathroom, something to eat, or a familiar person or place); or because they think they need to fulfill former obligations, such as work or child care.ⁱⁱⁱ As a result of disturbed sleep patterns, they may wander unexpectedly at night. When they are hospitalized, the strange environment, unfamiliar faces and sounds, and increased confusion due to their acute medical condition, pain, medications, or other treatments may exacerbate pre-existing tendencies to wander. For these reasons, even individuals with dementia who do not wander at home or in their residential care facility might wander and get lost in the hospital.

Although many older hospital patients have dementia and are therefore at risk for wandering and getting lost, hospital nurses may not know how to identify this risk. They may also not be aware of approaches they can use to reduce wandering and avoid its potentially dangerous outcomes.

BEST PRACTICE: Best practice in care of hospitalized older adults with dementia involves: 1) identifying risk for wandering, 2) providing appropriate supervision, 3) reducing environmental triggers for wandering, and 4) using individualized nursing interventions to address the causes of wandering behavior. For hospitals, a lost patient is an emergency. Given the large number of older patients with dementia and the associated risk for wandering, hospitals should have in place protocols for finding lost patients and notifying police and relatives, but many do not.ⁱⁱ Hospital nurses can help by advocating with hospital administrators for the development of such protocols.

TARGET POPULATION: Older adults with dementia diagnoses and other older adults whose memory loss and other dementia symptoms have not been diagnosed or may not even have been recognized before their hospitalization.

MORE ON THE TOPIC:

Best practice information on care of older adults: www.ConsultGerRN.org.

ⁱ Kennedy, D.B. (1993). Precautions for the physical security of the wandering patient. *Security Journal*, 4(4), 170-176.

ⁱⁱ Silverstein, N.M., Flaherty, G., & Salmons Tobin, T. (2002; New release 2006). *Dementia and wandering behavior: Concern for the lost elder*. New York: Springer Publishing Company, Inc.

ⁱⁱⁱ Algase, D.L. (1999). Wandering: A dementia-compromised behavior. *Journal of Gerontologic Nursing*, 25(9), 10-17.

Algase, D.L., Beattie, E.R., & Therrien, B. (2001). Impact of cognitive impairment on wandering behavior. *Western Journal of Nursing Research*, 23(3), 283-295.

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Approaches to Prevent and Manage Wandering

Identify risk for wandering

- Be aware of possible dementia. (See Try This: Recognition of Dementia in Hospitalized Older Adults).
- Assess for memory problems, disorientation, acute confusion (delirium), and other mental status changes. (See Try This: Mental Status Assessment; Try This: Confusion Assessment Method).
- Secure medical evaluation to identify and treat reversible causes of delirium (See Try This: Assessing and Managing Delirium in Older Adults with Dementia).
- Ask family members and other caregivers, if any, whether the patient has a history of wandering.

Patients with positive findings from any of the steps above should be considered at risk for wandering and becoming lost in or outside the hospital. The following are suggested approaches to reduce wandering and avoid related injury in this population:

Provide appropriate supervision

- Do not leave the patient alone in the admissions area or waiting for x-rays or other tests.
- Place the patient in a room that allows for maximum staff surveillance; exit paths should intersect with the nurse's station.
- Conduct regular patient checks, especially at shift change.
- Use volunteers, paid "sitters," or specialized staffing as needed.
- Consider different color or patterned hospital gowns for patients at risk of wandering.
- Consider pressure pad alarm sensors on beds and chairs.
- Consider an electronic system using radio frequency transmissions emitted from a wristwatch-like "tag" to monitor patient movement from a central nurses' station.

Reduce environmental triggers for wandering

- Avoid rooms near areas of high traffic or noise.
- Keep stairs, elevators, and other exit cues out of the patient's view.
- Keep suitcases, shoes, and street clothes out of the patient's view.
- Position bed for best visibility and access to the bathroom; use orienting symbols to identify the bathroom (reds are most visible to the aging lens).

Provide individualized nursing interventions to address the causes of wandering

- Ask the family and other caregivers, if any, about the causes of wandering in the past (e.g., restlessness, search for loved ones, trying to "go to work") and specific strategies they have used to reduce wandering (e.g., specific calming, cueing, or redirection strategies).
- Provide a sense of belonging and personal security; reassure the patient that he/she belongs in the room and is safe there; encourage family and other caregivers to reassure the patient about his/her security in the room.
- Avoid the confusion and anxiety of room changes whenever possible.
- Reduce noise, play soothing music, and use non-glare lighting, all of which may also help decrease agitation that can lead to wandering.
- Encourage movement and exercise; walk with the patient, as appropriate; identify a safe, continuous loop path, if possible.
- Facilitate "failure-free" activities such as sorting harmless objects (i.e., those not ingestible), or viewing albums of familiar photos. (See Try This: Therapeutic Activity Kits).
- Assess for physiologic causes and risk factors for delirium as delirium may lead to wandering and changes in behavior (See Try This: Assessing and Managing Delirium in Older Adults with Dementia).
- Avoid physical restraints if possible because they increase agitation and patients can be injured as they try to get out of the restraints. (See Try This: Avoiding Restraints in Older Adults with Dementia).
- Assess and treat pain that may cause restlessness. (See Try This: Assessing Pain in Older Adults with Dementia).
- Provide toileting and incontinence care as needed.
- Accommodate bedtime and sleep rituals to prevent insomnia and nighttime wandering.
- Consider a miniature recording device—this can gently address and cue the patient in a familiar voice to remain in place.

Hospital protocols for lost patients

- Encourage hospital administrators to develop and routinely test response protocols for patients who become lost while hospitalized, including timely notification of local police and the patient's relatives.
- Encourage training for security staff about wandering behavior and search and rescue procedures for missing patients with dementia (available from the Alzheimer's Association).
- Encourage hospital administrators to consider the use of procedures to help identify missing patients (e.g., keeping a current photo of the patient on file and keeping an article of the patient's clothing in a sealed plastic bag for canine use).
- Encourage families to register their relative with dementia in the Alzheimer's Association nationwide Safe Return wanderers alert program operated with support of the U.S. Justice Department; look for evidence of patient's registration in Safe Return (bracelet, necklace, key chain, wallet card). See www.alz.org for enrollment information.