

Professional Development Educator  
For Long Term Care



## Residents Who Wander: Causes, Cautions, and Care

### *Objectives*

This module should enable you to:

1. describe the 2 forms of wandering
2. list at least 6 causes of wandering
3. describe factors to assess in a resident who wanders
4. describe care actions that can be beneficial to residents who wander
5. outline steps that should be taken if a resident is lost

## Residents Who Wander: Causes, Cautions, and Care Pretest

1. Which statement is not true regarding wandering?
  - a. All residents with dementia wander
  - b. Wandering can be purposeful
  - c. Unmet needs can stimulate wandering
2. People with Alzheimer's disease may have a change in their visual cortex. This will result in them having difficulty:
  - a. recognizing familiar people
  - b. forming a mental map of their environment
  - c. seeing in brightly lit areas
3. There is a direct correlation between wandering and falls.
  - a. True
  - b. False
4. Which of the following conditions listed on a newly admitted resident's problem list would cause you to think that the resident was at risk for wandering?
  - a. aphasia
  - b. apraxia
  - c. akathisia
5. Wandering and the risk for elopement are among the few legitimate reasons to justify restraining residents.
  - a. True
  - b. False
6. Each of the following can help to reduce wandering except:
  - a. bright lighting
  - b. noise reduction
  - c. control of people traffic
  - d. aromatherapy with lavender scent
7. Bed and chair alarms are essential for all residents who wander.
  - a. True
  - b. False
8. Resident Lane wanders near the unit's elevator every morning and comments that he needs to go to work at the laundry. He had been a laundry worker years ago. Your best reaction to him is to:
  - a. explain to him that he now lives in a nursing home and doesn't need to go to work
  - b. tell him you have his work for him and give him linens to fold and stack
  - c. ignore him
9. The care plan of all residents who wander should include an action to check on and document the location of the resident q15 minutes.
  - a. True
  - b. False
10. When a resident is lost, the nursing home should notify the:
  - a. family
  - b. local law enforcement agency
  - c. state agency as required
  - d. all of the above
  - e. none of the above

© Health Education Network

*Professional Development Educator for Long-Term Care* is published by Health Education Network, Inc., PO Box 62956, Cincinnati OH 45262-0956, 800-690-1150. Subscribers are permitted to reproduce contents for use within the subscribing facility. Reproduction of contents for multiple-facility use or distribution is not permitted and is a violation of copyright law. Permission must be requested from Health Education Network for use of any portion of this publication for other purposes.  
ISSN 1550-4387



## Residents Who Wander: Causes, Cautions, and Care



**A**ccording to the Alzheimer's Association, more than half of nursing home residents have some form of dementia. Among the caregiving challenges that these residents present—and one that can be life-threatening—is wandering. As many as 24% of residents with dementias wander.

### Types of Wandering

Wandering is a behavioral problem demonstrated by people with cognitive impairments, such as those residents who have difficulty with judgment, orientation, abstract thinking, language, and spatial skills. The person who wanders may violate another person's privacy by wandering into his room, or not realize boundaries and leave the premises.

Wandering often is thought to mean aimless walking, but this *non-goal*

*directed form* is but one type. The other type of wandering is *goal-directed* in which the person has a purpose, such as looking for someone or something (e.g., food), or attempting to do something, such as believing that he needs to leave to go to a job or catch a bus.

An understanding of the type of wandering is useful in planning care and identifying risks. For example, if it is recognized that a resident attempts to leave the unit at 8AM every morning in order to "go to work", prior to 8AM that resident can be given a task to do, such as folding clothes, accompanied by the statement "here is your work"; in addition, the staff can be alerted that extra observation should be provided to the resident during this time when there is a high risk for wandering into an unsafe situation.

### Causes of Wandering

There are a variety of factors—internal and external to the individual—that can cause residents to

wander. People with dementias experience disorientation and memory loss which prevents them from storing a mental map of their environment. To get some sense of what this is like for affected residents, think about what it would be like for you in you were in a strange city, taking a taxi ride to your destination. You may not be paying attention to the driver's route as he weaves through side streets, taking shortcuts; in other words, you have not developed a mental map of your route. Now imagine that you suddenly were put out of the taxi, in an unknown area with the task of finding your way back to your starting point without the ability to use a map or ask for help. You may wander down streets, going in the wrong direction. Chances are you would have some difficulty and feel a little disoriented. In fact, you may feel anxious and afraid. Many residents with dementia are unable to de-

velop mental maps to travel common areas in the nursing home and spend their time wandering to find their way; feelings of anxiety and fear can be present in them, as well.

As many as one-half of people with Alzheimer's disease has changes in the visual cortex which causes difficulty in interpreting three-dimensional structures in the environment. This further contributes to the inability to form a mental map of one's environment.

These residents may wander because they are unable to recall how their environment is laid out or to retrace their steps.

Unmet needs can stimulate wandering. Residents may wander because they are hungry and are seeking food or because they need to go to the bathroom and are trying to find a toilet. Their bodies may be in a state of imbalance or they may have symptoms, such as pain, which they are unable to verbalize. They

also may be trying to escape a situation that they perceive as threatening.

Medications can be a factor in wandering. Some drugs can increase confusion which can cause wandering. Antipsychotics (neuroleptic medications) can cause *akathisia*—an inner restlessness or a compulsion to be in motion— which increases restlessness and pacing.

The physical environment can increase wandering behavior. Poor lighting

**SAMPLE**

*It is important to assess for the root cause of a resident's wandering...*



can reduce the ability to locate familiar places in the environment and facilitate wandering. Excessive noise, high traffic flow in hallways, and bright lights can cause agitation which can lead to wandering.

### Concerns

There are many risks associated with wandering, one of which is elopement. Elopement is the act of a resident leaving a safe, supervised area without being noticed and subjecting himself or herself to harm. For example, a resident can:

- leave the nursing home through an unsupervised door that has been propped open and be subjected to severe weather conditions or be struck by a vehicle
- get locked into a storeroom for an extended period of time
- enter a stairwell and fall down the stairs
- be confronted by a person who will abuse him or her

There is a direct correlation between wandering and falls. Many of the residents who wander also have unsteady gait, poor balance, and visual limitations. In addition, wandering can cause fatigue which can predispose residents to falls.

Residents who wander

may pose a problem for other residents. The privacy of other residents can be invaded when a resident wanders into their room. A resident who wanders may become abusive to other residents.

### Assessment

A thorough assessment is needed to adequately develop a care plan that will address the individual needs of residents who wander.

A resident's history of wandering should be reviewed upon admission. Ask family members if the person awakened and night and walked around the house, left the house and couldn't find his way back, or tried to leave the house without proper attire. These behaviors will give clues to the potential for wandering in the nursing home.

When a resident is known to wander, identify the factors that contribute to it, such as urinary frequency, hunger, the need for physical activity, anxiety, etc.

Determine if the wandering is a risk or benefit to the resident. For example, a resident who wanders in a supervised area without disrupting others may be benefiting from the physical activity. Part of this determination will include an assessment of gait, balance,

vision, hearing, and energy level.

The risk of elopement should be considered during the assessment. Pay attention to clues such as the resident repeatedly trying the handles of exit doors, attempting to leave with a visitor, or insisting that he needs to leave to go home or to work.

### Care

Once, the approach to residents who wandered was to restrain them in the name of "preventing harm." Actually, research shows just the opposite: physical and chemical restraints increase the risk of injury and physical and emotional decline. Further, safe, supervised wandering can be therapeutic for some residents in that it helps to maintain mobility.

Modifying the environment



Wandering can produce beneficial effects

Environmental factors can influence wandering...



Noise control



Soft lighting



Aromatherapy



Monitored exits



Designated area for wandering

SAMPLE

yields better results than restraining the individual. Providing a safe, supervised area can afford residents a place to wander while reducing the risk of elopement and other problems. Walking areas should be kept well-lighted and clutter-free. Sometimes, placing "STOP" signs on doors or ribbons across doorways that are held together by Velcro can discourage residents from exiting. Equipping doorways with lock-like mechanisms that require a code to be punched in could prevent residents

with limited cognitive skills from opening doors.

Pay attention to the amount and quality of sensory stimulation in the environment. Having multiple televisions and radios playing loudly at the same time can be annoying for persons without cognitive impairments; the situation is even worse for residents with this condition. Control noise. If at all possible eliminate overhead paging except for emergency situations. Control glare that can be produced by bright, harsh lighting and sunlight

shining directly into rooms. An environment of soft, relaxing music, indirect soft lighting, and perhaps the aroma of lavender (using the real essential oil, not an artificial scent) can create an environment that promotes tranquility.

Electronic tagging systems, in the form of a bracelet or device attached to clothing, can be used to sound an alarm when residents leave designated areas. The use of chair and bed alarms needs to be evaluated for each resident.

Although these devices can alert staff to potentially dangerous situations, audible alarms also can increase agitation and discourage movement, creating other problems. The least possible intrusive system should be selected.

Providing opportunities for ambulation sometimes will reduce wandering. Residents who wander may benefit by accompanying staff as they do chores or travel to other parts of the nursing home. This not only offers a chance for residents to have supervised walking, but also, provided the added benefit of socialization.

Diversion can be useful in preventing wandering in some residents. For example, if a resident keeps stating that she needs to leave because she needs to go to school, place her in a chair next to a staff member or willing resident and ask her to tell a story to her "student." Keep in mind that trying to explain to a cognitively impaired person that she isn't a teacher anymore and can't leave the nursing home will not be understood and could increase agitation. A plan should be in place to check on the location and status of resi-

dents who wander on a regular basis. In addition, be sure that there is a recent photograph of residents that can be used for identification in the event of elopement. Acquaint receptionists, office personnel, security staff, and grounds workers with residents who wander so that they can identify these individuals if they should be leaving the facility. Even with the best of plans and efforts, there may be a time when a resident leaves or cannot be located within the nursing home. It is important that a plan, known

### Restraints are not an ideal solution to wandering...

A physical restraint: is any physical or mechanical device, material or equipment that the individual cannot remove easily and that restricts freedom of movement or access to one's body. Examples include posey vests, wrist or leg restraints, hand mitts, chairs with tabletops, and full siderails. Medications such as sedatives and hypnotics may be considered chemical restraints (and are regulated in nursing homes).

It can be tempting to use restraints for residents who wander; however, the use of restraints:

- increases agitation and problematic behaviors
- reduces movement, leading to a higher risk for pressure ulcers and pneumonia
- can result in asphyxiation, strangulation, and nerve damage as residents attempt to get out of physical restraints



by all staff, exists that describes the actions to take. The box below describes such a plan. (Review your nursing home's policy and procedure manual for actions staff is to take in event of a missing resident and assure all staff know them.)

It is important to address wandering and to reduce the

risks associated with this behavior. State regulatory agencies can fine facilities for the failure to prevent elopement. Lawsuits can result from injuries associated with wandering and elopement. Staff can become overwhelmed and frustrated when approaches are inef-

fective. And most importantly, residents are at risk of injury, unnecessary declines, and distress when quality care is not provided to address wandering.

### Plans to Safeguard Residents who Wander

#### **General**

- Identify residents who wander and assure all staff is aware of them.
- Assure recent photographs of all residents are available.
- Check on the location of residents at designated times (e.g., meals, change of shift).
- Avoid disarming alarms on doors or propping exit doors open.
- Provide a "Coming Out" book and instruct families and visitors to report to the charge nurse and record when they are taking a resident off the premises and when they return.

#### ***If a resident is missing:***

- Notify the administrator and director of nursing.
- Alert all nursing home personnel to search the facility (e.g., bathrooms, closets, stairwells, vacant rooms, etc).
- Search the grounds of the facility.
- Notify the local law enforcement agency. Be prepared to provide a description of the resident, photograph, clothing the resident was wearing, addresses in the community where the resident may try to go, and other pertinent information.
- Notify the family.
- Notify the state agencies as required.

#### ***When the resident is found:***

- Notify all individuals/agencies who had been notified that the resident is found.
- Examine the resident for signs of injury.
- Document how the resident exited and where the resident went to assist in any future elopement.

## Bibliography

- Algase DL, Beattie ER, Bogue EL, Yao L. The Algase Wandering Scale: initial psychometrics of a new caregiver reporting tool. *Am J Alzheimers Dis Other Demen* 2001 May-Jun;16(3):141-52.
- Altus DE, Mathews RM, Xaverius PK, Engelman KK, Nolan BA. Evaluating an electronic monitoring system for people who wander. *Am J Alzheimers Dis* 2000;15(2):121-5.
- Alzheimer's Association. Dementia care training for residential care staff. Chicago (IL): Alzheimer's Association; 2007 Aug 28. 2.
- Beattie ER, Algase DL, Song J. Keeping wandering nursing home residents at the table: improving food intake using a behavioral communication intervention. *Aging Ment Health* 2004 Mar;8(2):109-16.
- Cohen-Mansfield J. Measurement of inappropriate behavior associated with dementia. *J Gerontol Nurs* 1999 Feb;25(2):42-51.
- Futrell M, Melillo KD, Remington R. Evidence-based practice guideline. Wandering. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation Dissemination Core; 2008 Jul. 51
- Futrell M, Melillo KD. Evidence-based protocol. Wandering. *J Gerontol Nurs* 2002 Nov;28(11):14-22.
- Gerdner L. Individualized music for elders with dementia. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation Dissemination Core; 2007 Apr. 39 p. [50 references]
- Kincaid C, Peacock JR. The effect of a wall mural on decreasing four types of doortesting behaviors. *J Appl Gerontol* 2003;22(1):76-88.
- Landi F, Russo A, Bernabei R. Physical activity and behavior in the elderly: a pilot study. *Arch Gerontol Geriatr Suppl* 2004;(9):235-41.
- McGonigal-Kenney ML, Schutte DL. Non-pharmacologic management of agitated behaviors in persons with Alzheimer disease and other chronic dementing conditions. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core; 2004. 54
- Miskelly F. Electronic tracking of patients with dementia and wandering using mobile phone technology. *Age Ageing* 2005 Sep;34(5):497-9.
- National Institute on Aging. Progress report on Alzheimer's disease 2005-2006. NIH Publication No. 06-6047. Washington (DC): U.S. Department of Health and Human Services, Public Health Services, National Institutes of Health; 2007.
- Nelson AL, Algase DL, editor(s). Evidence-based protocols for managing wandering behaviors. New York: Springer; 2007.
- Nolan BA, Mathews RM, Harrison M. Using external memory aids to increase room finding by older adults with dementia. *Am J Alzheimers Dis Other Demen* 2001 Jul-Aug;16(4):251-4.
- Price JD, Hermans DG, Grimley EJ. Subjective barriers to prevent wandering of cognitively impaired people. In: *Cochrane Database of Systematic Reviews*, 2001 [database online]. Issue 2. Hoboken (NJ): John Wiley & Sons, Ltd.; 2007
- Schonfeld L, King-Kallimanis B, Brown LM, Davis DM, Kearns WD, Molinari VA, Werner DH, Beattie ER, Nelson AL. Wanderers with cognitive impairment in Department of Veterans Affairs nursing home care units. *J Am Geriatr Soc* 2007 May;55(5):692-9.
- Shalek M, Richeson NE, Buettner LL. Air mat therapy for the treatment of agitated wandering: an evidence-based recreational therapy intervention. *Am J Recreation Ther* 2004 Spring;3:18-26.
- Yao L, Algase D. Environmental ambiance as a new window on wandering. *West J Nurs Res* 2006 Feb;28(1):89-104.

**Additional resource of interest:*****How To Try This Video: Avoiding Restraints in Older Adults with Dementia***

*Avoiding Restraints in Older Adults with Dementia* walks viewers through a scenario involving a patient with dementia admitted after falling at home, and found to have an underlying urinary tract infection. The patient repeatedly pulls out his IV and Foley catheter during the night shift. As a result, wrist restraints are applied to protect the catheter and IV, and to keep him from climbing out of bed in his confused state. During this program, viewers will learn how to work backward from the problem and use a variety of best practices to eliminate the need for restraints, and to minimize the likelihood of future hospitalizations for the older adult with dementia. Although filmed in a hospital setting, the principles are applicable in any setting.

To view this video visit:

[http://www.nursingcenter.com/prodev/ce\\_article.asp?tid=776679](http://www.nursingcenter.com/prodev/ce_article.asp?tid=776679)

[The How To Try This](#) series, a John A. Hartford Foundation-funded project provided to the Hartford Institute for Geriatric Nursing at New York University's College of Nursing in collaboration with the American Journal of Nursing, translates the evidence-based geriatric assessment tools in the Try This assessment series into cost-free, web-based resources including demonstration videos, and a corresponding print series featured in the AJN, developed to build geriatric assessment skills - the foundation for appropriate care of older adults.



## Residents Who Wander: Causes, Cautions, and Care Test Questions

Write the answers in the "Test Answer" Section of the  
*Continuing Education Registration & Evaluation Form on the next page.*

1. Which statement is not true regarding wandering?
  - a. All residents with dementia wander
  - b. Wandering can be purposeful
  - c. Unmet needs can stimulate wandering
2. People with Alzheimer's disease may have a change in their visual cortex. This will result in them having difficulty:
  - a. recognizing familiar people
  - b. forming a mental map of their environment
  - c. seeing in brightly lit areas
3. There is a direct correlation between wandering and falls.
  - a. True
  - b. False
4. Which of the following conditions listed on a newly admitted resident's problem list would cause you to think that the resident was at risk for wandering?
  - a. aphasia
  - b. apraxia
  - c. akathisia
5. Wandering and the risk for elopement are among the few legitimate reasons to justify restraining residents.
  - a. True
  - b. False
6. Each of the following can help to reduce wandering except:
  - a. bright lighting
  - b. noise reduction
  - c. control of people traffic
  - d. aromatherapy with lavender scent
7. Bed and chair alarms are essential for all residents who wander.
  - a. True
  - b. False
8. Resident Lane wanders near the unit's elevator every morning and comments that he needs to go to work at the laundry. He had been a laundry worker years ago. Your best reaction to him is to:
  - a. explain to him that he now lives in a nursing home and doesn't need to go to work
  - b. tell him you have his work for him and give him linens to fold and stack
  - c. ignore him
9. The care plan of all residents who wander should include an action to check on and document the location of the resident q15 minutes.
  - a. True
  - b. False
10. When a resident is lost, the nursing home should notify the:
  - a. family
  - b. local law enforcement agency
  - c. state agency as required
  - d. all of the above
  - e. none of the above

A passing score is 70% or greater

# Continuing Education Registration & Evaluation Form

Please Print

**Residents Who Wander: Causes, Cautions, and Care**

Name \_\_\_\_\_ RN \_\_\_\_\_ LPN \_\_\_\_\_

License # and State \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Authorization code \_\_\_\_\_

**Test Answers (from page 11)**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_

	5 Totally without difficulty	4 More so than not	3 Somewhat	2 Barely	1 Not at all
<b>As a result of this module I am able to:</b>					
1. describe the 2 forms of wandering					
2. list at least 6 causes of wandering					
3. describe factors to assess in a resident who wanders					
4. describe care actions that can be beneficial to residents who wander					
5. outline steps that should be taken if a resident is lost					

**Evaluation of overall self-study program experience**

	5 Excellent	4 Good	3 Fair	2 Poor	1 Unsatisfactory
Appropriateness of content for LTC setting					
Ability to apply content					
Quality of writing/organization of program					
Overall rating					

*Please send a copy of this Continuing Education Registration & Evaluation Form and a payment of \$5 per person (via check or credit card), along with a self-addressed stamped envelope for return of your certificate to:*

**Health Education Network  
PO Box 62956,  
Cincinnati OH 45262-0956**



<b>Payment</b>	
_____ Check enclosed	Total _____
_____ Visa _____ MC _____ American Express	
Name on card _____	
Credit Card # _____	
Exp. Date _____ CVC# (3 or 4 digit code on back) _____	
Signature _____	