

Dementia Care: Wandering

Learner Workbook



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WANDERING

Wandering is one of the most common behaviors associated with Alzheimer's disease. Residents may even wander in familiar locations. One serious concern for residents, who tend to wander, may become lost and wander away from the Community. Another concern is that a resident may intrude into other resident's personal space.

Wandering can occur at any point of the progression of the disease. As a direct care professional, it is important to never label a resident as a "wanderer." Any resident diagnosed with Alzheimer's or other related dementias could be a potential wander risk.

Typically, wandering residents are those who are walking aimlessly throughout the Community. Residents who have a dementia diagnosis usually have a higher risk for wandering, however; residents who are confused may pose a risk of wandering aimlessly as well.

ELOPING

According to Michael Carrick, MD, a resident who tends to pace is not necessarily wandering aimlessly. He explains that the resident has a specific destination in his or her own mind, although we may not necessarily know where he or she is headed to or what he or she is thinking. Carrick believes that it is negative to attempt interrupting the resident from where he or she is headed and by doing so you as a care provider are taking away an aspect of the resident's rights or dignity.

He addresses that when a resident wanders, the resident burns many calories. Due to this fact, as care providers it is essential to make sure the resident is receiving an accurate amount of nutrition and hydration throughout the day.

Many times, wandering is more of an issue for the direct care staff and administrators and not so much for the resident. If a resident is safe within the Community, wandering may never become an issue at all.

Residents may wander because they are curious and looking for companionship. Residents who wander may be searching for activities to keep life interesting. As a care provider it is best to redirect the resident to a group activity or to give them something with purpose or meaning to accomplish.

Residents, who seek to exit, are typically those who have an agenda or a purpose to go somewhere. For example, the resident may want to go home, shopping, to work, etc. An eloper may be very calm. The resident who is attempting to elope may seem unconcerned about where he or she is or where he or she is going. The resident identifies a door and wants to go out to the other side.

There are times when residents who elope do have a plan. They attempt to catch a bus to go shopping, meet a friend for lunch, etc.

A cause for the resident that tends to elope typically comes from one who suffers higher anxiety. This resident is very determined to leave and may be angry or anxious and want to get out of the Community. This resident may believe he/she is being kept against his/her will.

TYPES OF WANDERING

As a care provider it is good to be familiar with the different types of wandering. Each of the different types of wandering may require different interventions. Always remember that each resident is unique and individual and it is important to serve the resident personally as an individual.

Checking:

The resident continually seeks the location of a direct care staff or another person.

Trailing:

Trailing is an extreme form of checking behavior, in which the resident tends to follow the direct care staff or another person. When trailing, the resident will follow directly behind or close to the direct care staff or the other person he/she is trailing.

As a direct care staff there are some concerns you may have when a resident tends to trail excessively. For example:

- If the resident is excessively following another resident, it may become very stressful for the other resident.

Solution:

Make sure there is adequate time apart from each resident.

- When a resident tends to trail another caregiver, it may become a concern when the caregiver leaves the Community.

Solution:

Make sure the resident has not followed the caregiver out the door.

Possibly ask another caregiver to use distraction methods to engage the resident in a meaningful activity while you exit the Community, out of the residents view.

Pottering:

Pottering is another form of wandering. In pottering, a resident may wander around and throughout the Community unsuccessfully trying to accomplish a work related task. For example: cleaning, weeding, washing or drying things, etc.

With pottering, the caregiver is able to assist the resident in having success in tasks. Give the resident simple, one step activities to accomplish. Another successful consideration is to work side-by-side with the resident to accomplish a meaningful activity. It is important to assist the resident in feeling successful at accomplishing the task.

Aimless walking:

In aimless walking, the resident may walk around the Community, both inside or out, without an evident sign of purpose. It may appear that the resident is aimlessly wandering around the facility and may go around opening and closing random doors.

A caregiver concern when there is a resident who walks around the Community aimlessly is that the resident may be burning so many calories throughout the day from continually walking around. It is important to monitor the resident's weight loss and make sure the resident is receiving adequate nutrition and hydration.

Another concern is fatigue. The resident may exhaust himself/herself by walking around constantly. As a caregiver it is helpful to engage this resident in other activities. You may want to ask the resident if you can take his/her hand, and encourage him/her to sit and rest for a moment. Another suggestion is to offer the resident a snack at a seated table, ensuring the resident to rest and also get nutrition to balance the calories he or she is burning.

Inappropriate purpose:

This form of wandering, the resident may have a specific purpose he or she is walking towards, but that purpose is inappropriate. For instance, a resident may be searching continuously for a relative that has passed away.

Many times, caregivers may find that the resident who wanders with inappropriate purpose may invade the privacy of other residents by going in and out of the other resident's room.

A risk factor when a resident wanders with inappropriate purpose is that he or she may become agitated when unable to find what he or she is looking for.

Tips for Wandering Inappropriately:

- **Redirect:**
Redirecting the resident to another activity may best resolve the issues that come when a resident is wandering. You want to redirect the resident to a new thought process.
- **Reminisce:**
You may also want to sit down and reminisce with the resident. Look at positive items such as magazines or old photos.

Excessive:

Excessive wandering is when a resident is moving about for an abnormal amount of time throughout the day. It may be common for the resident who wanders excessively to also be one who wanders aimlessly. This resident is constantly on the move. It is important to make sure this resident is getting enough rest and nutrition.

There may be times when a resident enjoys activities of a repetitive nature. As an example, sorting or counting items.

Nighttime Walking:

Nighttime walking describes a resident who frequently wanders in night hours. However, this does not refer to the resident who typically gets up throughout the night to use the restroom or get a drink of water.

This resident must be continually monitored throughout night hours. It is important as a caregiver to never assume the resident is sleeping safely if he/she is at risk for nighttime walking.

Always make sure the physical environment is comfortable for the resident. Tips for dealing with nighttime walking issues may be found by ensuring the resident has an adequate amount of blankets, his/her night clothing is comfortable and fits properly, or the resident had adequate hydration, etc.

Chronic Exit-Seeking:

Not all residents who wander will leave the Community. However, it is important to consider all residents who wander to be at risk of exit seeking behaviors. Some residents are more elopement seeking rather than typically wandering.

The resident that is exit seeking is a very extreme safety concern for the direct care staff and Community. This resident will need re-evaluation.

Because wandering may take one different forms, it is necessary as a direct care staff to know your resident's and his/her specific needs.

A successful caregiver understands the typical behaviors you come to expect, but you are also ready for the unexpected.

ASSESSMENT

During the assessment process you will want to ask the resident's family about the history of the resident. Does this resident stay close to family during a shopping activity, or does he/she tend to wander away?

You want to find out information if the resident has a history of wandering. Ask the family if the resident has ever mentioned or demonstrated a desire to leave a certain area.

In order to be prepared for when the resident arrives in your Community, it is important to gather all this information during the assessment period. By learning as much about the resident's past it enables you to understand how it may influence the way the resident reacts today.

Things about the resident's past you may want to gather:

- Job history
- Hobbies
- Life-long routines

It is important to understand how the resident spends his/her day. Know the resident's patterns, and also his or her triggers. Never assume the resident will always do the exact same thing. As a care provider, it is important to not become complacent, but be ready for the unexpected.

You may want to have conversations with the resident themselves and listen to what he/she has to say.

Triggers:

There may be times when particular things can trigger a resident to have tendency to wander. These triggers may come unannounced.

Examples of stimuli that lead to a behavior:

- Environment
- People
- Emotions
- Underlying conditions

Triggers may come from something emotional the resident is experiencing. The resident may be feeling discomfort and it triggers him/her to wander. The resident may believe they recognize someone he/she knows and wants to follow that person. At times a resident may hear a loud noise and become frightened. These are examples of why as direct care staff you must observe the resident for his or her response.

High-risk Times of Day:

Wandering behavior may occur at particular times throughout a Community's day. Always be aware of high peak times.

For example:

- During entertainment
- After meals
- During shift change
- Before or after visitors

REASONS

Let's take a moment to look at some of the common causes for wandering among our residents.

Examples include:

- Unmet physical needs
- Past routines or behaviors
- Lack of appropriate activities
- Anxiety or fear
- Stress
- Medications

If you have any questions or concerns that a medication is negatively affecting a resident's behavior, speak to your supervisor immediately. You may also want to speak with the resident's physician or the pharmacist.

INTERVENTIONS

Let's review some tips for caring for resident who tend to wander.

- Place night lights throughout the facility
- Secure all toxic substances and medications
- Reduce noise
- Know the resident's triggers
- Provide safe and inviting outdoor areas
- Label the resident's door
- Maintain current photos
- Remove obstacles from pathways

- Provide appropriate activities
- Assist with taking walks
- Watch for patterns
- Manage sundowning
- Manage anxiety
- Address physical issues, such as pain management
- Anticipate the resident's needs and provide assistance
- Ensure adequate hydration

REDIRECTION TECHNIQUES

As a caregiver it is important to approach the resident at a gentle and calm manner. If the resident is already at the door attempting to exit the Community, you do not want to harm the resident or frighten the resident. You should try to redirect the resident into something that he/she may enjoy. Usually the resident is able to be redirected easily.

If the resident actually goes through and exits the Community, it is vital that the direct care staff remain calm and continue to remain with the resident. While remaining with the resident, the caregiver should also contact other staff and ask for assistance if necessary.

Techniques:

- Approach the resident slowly and from the front
- Use simple statements
- Attempt to redirect the resident by using topics or activities the resident enjoys
- Make sure the resident is properly hydrated and has adequate nutrition
- Redirect resident to quiet location
- Change of face
- Smile!
- Invite them to “join you”
- Ask for help from the resident
- Offer time for hobbies, etc
- Mention familiar names, etc
- Engage in conversation
- Do not argue with the resident
- Be cautious in your approach
- NEVER pull the resident

- DO NOT block the door
- If the resident leaves, call for help

There may be times when redirecting the resident back into the community may take several minutes. Over time, residents will learn to trust the caregivers and be easily redirected. In order to guarantee the safety of your residents you should monitor his/her location at all times. Be sure to use a safety check program in your Community to ensure the safety of each resident.

Maintain a calm environment during shift changes and monitor that most residents are engaged in meaningful activities during these times in order to distract from the confusion of who is coming and going.

Maintain residents comfort. Direct the resident to the restroom after meal times and maintain a calm and comfortable environment.

Make sure your residents are number one on your schedule throughout the care giving day.