

Wandering in Aged Care Facilities

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Policy Statement

Wandering can be quite common for people with dementia and can be stressful for clients, carers and staff. Residential Aged Care Facilities aim to maximise the wellbeing and safety of residents/clients and ensure they retain their individuality and sense of control over their environment for as long as possible.

Policy Guidelines

- People with dementia (PWD) living in Residential Aged Care will be assessed for causes, triggers and other factors that may result in wandering.
- Where wandering has been identified as an issue, consideration will be made to maintain routines, minimising changes to the environment and identifying other known triggers such as excess energy, nocturnal confusion, agitation, discomfort or pain, and boredom.
- Staff will receive education about dementia and about wandering. They will learn about factors and interventions that influence or reduce the behaviour.
- The rights, wishes and pre-morbid directives of PWD will be of paramount concern when developing service and support / care plans.
- The care plan will include targeted management strategies and be evaluated regularly and when there are behavioural or environmental changes.
- The PWD, facility staff, carer and family will be involved in the development of strategies to minimise the risk to the person by allowing them to wander in a safe and secure environment where ever possible and following the least restrictive principles of care.

Management Strategy Options

- A medical examination will identify whether illness, pain or discomfort contribute to the wandering. PWD who have pain tend to wander more.
- Medication is kept to a minimal so that side-effects can be reduced or eliminated to avoid confusion and drowsiness.
- There is no research that supports the use of medication in managing wandering.
- Opportunities to go for accompanied walks can be scheduled into the daily routine.
- Provide some form of identification – an identity bracelet with name, address, telephone number and an emergency contact number, a Medic Alert bracelet and name tags sewn on to garments.
- Consider registering vulnerable people with the Alzheimer's Australia NSW safely home program.
- Some local police stations will welcome registrations of wanderers as will the Missing Persons Bureau.
- Try to reduce the number of objects that might trigger the person to wander. Eg. at staff change-over, avoid phrases like "Bye, I'm going home now." Or "I've got to go and pick the kids up."
- Install alarms on external doors to alert carers when the door is opened.
- An environment that provides a range of personally relevant activities can minimize wandering. Develop individual activity programs for people at risk.
- Provide extra food and drink as wandering burns up many calories.
- Provide a safe area to wander in e.g. adequate fencing, paths and seats to rest on.
- Use sun protection when outside, hats and sunscreen.
- Promote regular rest periods to reduce fatigue and sundowning. Eg. encourage afternoon naps even if the PWD wanders at night. (There is no research that supports keeping people up all day so that they will sleep at night).
- The staff member assigned to the resident is responsible for identification each shift. E.g. knowing what the person is wearing.
- Discuss with the carer and family the benefits and risks involved to the person wandering in the facility and the steps to be taken if the person wanders from home, including who is to be notified.

References

Reducing Behaviours of Concern: A hands on guide, National Dementia Behaviour Advisory Service Alzheimer's Australia, 2003

www.disability.vic.gov.au/dsonline - Disability Online, Dementia - safety issues

Doody et al. 2001, 'Practice parameters: Management of dementia (an evidence-based review): Report of the quality standards subcommittee of the American Academy of Neurology.' *Neurology* 56:1154-1166

Nareen Gardens Organisation Guidelines. October, 2002.