Wandering and elopement

Wandering or pacing (aimless continuous walking) and elopement (unauthorized leaving of home or a facility) are quite common in persons with dementia, and make them susceptible to injuries and to getting lost.

Poor memory and poor communication ability may make it impossible for the wanderer to remember where he or she is supposed to be, or to explain the reason he or she wanders.

CNAs play a very important role in preventing wandering and elopement. By providing meaningful activities and ensuring a safe environment, residents are less apt to wander.

This lesson will cover the reasons for wandering and elopement, managing wandering and elopement, and how to handle the situation if a resident elopes.

Have a good day of training, and stay tuned for next month’s issue of CNA Training Advisor, which will cover preventing rehospitalizations.

For further discussion

After completing this lesson, you can continue the discussion on wandering and elopement by asking the following questions:

➤ What are some diversion activities you use to discourage wandering?
➤ What are some objects and devices you can use to prevent elopement?
➤ What is your facility’s procedure for responding to an elopement?

Quiz answer key

1. d  2. a  3. a  4. b  5. a  6. b  7. d  8. b  9. a  10. c

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The Long-Term Care Clinical Assessment and Documentation Cheat Sheets is the ultimate blueprint for how to provide resident-centered care. This electronic-only resource provides nurses with a thorough list of what to check and what to document during every shift, based on the specific circumstances of a given resident. Best of all, the new electronic format of this content enables long-term care clinicians to easily search for the condition they need to treat and access the appropriate checklist within seconds.

Program Prep

Program time
Approximately 30 minutes

Learning objectives
Participants in this activity will learn how to:
➤ Explain why people with dementia wander and elope
➤ Use multiple techniques to manage residents who wander and elope
➤ Provide a safe environment for residents who wander
➤ Respond appropriately to an elopement

Preparation
➤ Review the material on pp. 2–4
➤ Duplicate the CNA Professor insert for participants
➤ Gather equipment for participants (e.g., an attendance sheet, pencils, etc.)

Method
1. Place a copy of CNA Professor and a pencil at each participant’s seat
2. Conduct the questionnaire as a pretest or, if participants’ reading skills are limited, as an oral posttest
3. Present the program material
4. Review the questionnaire
5. Discuss the answers
Wandering almost always has a purpose. It may be a form of communication when language skills are lost. A resident with dementia may be trying to communicate that he or she needs to urinate, or perhaps the resident is hungry or thirsty. Many things can trigger wandering—for example, loud conversations in the background, noise of kitchen utensils, or a loud TV.

Other reasons for wandering include:

➤ Loss of memory.
➤ Excess energy.
➤ Discomfort or pain.
➤ Stress, anxiety, and agitation.
➤ Being in a new environment.
➤ Inability to recognize familiar people, places, and objects.
➤ Restlessness or boredom.
➤ Trying to express emotions such as fear or loneliness.
➤ Curiosity.
➤ Medication side effects.
➤ Seeing things that trigger memories. For example, boots and a coat next to the door may signal it is time to go out.
➤ Wanting to escape from a noisy or busy place.
➤ Confusing night and day.
➤ Fatigue. Residents with dementia tire easily and become restless.

If wandering occurs at the same time every day, it may be caused by an old routine. For instance, if a resident attempts to leave every day at 5 p.m., he may believe he is going home from work. When he sees staff leaving, it reinforces this thought.

If wandering usually occurs in the late afternoon or evening during the night, the individual may have sundowners syndrome, also known as nighttime confusion. When it begins to get dark, the person becomes increasingly confused. The individual may act very anxious, agitated, or angry. This may lead to wandering, pacing the floors, and nervousness. Sometimes people with sundowners have rapid mood changes, crying or becoming paranoid, aggressive, or even violent. Often they begin looking and calling for family members or try to leave the building.

Managing wandering and elopement

Diversion activities may help with wandering or pacing behaviors. The following activities can capture the resident’s interest and take his or her mind off the feelings that are causing the wandering:

➤ Hobbies
➤ Reading
➤ Social interaction
➤ Listening to music
➤ Pet therapy

A resident may be looking for a family member. A memory album, memory box, or photographs of family members on the wall might help.

To minimize restlessness, excess energy, or boredom:

➤ Provide and encourage regular exercise.
➤ Occupy the person by involving him or her in a fun activity as wandering may be a way of keeping occupied.
➤ Allow the resident space where it is safe.
➤ Reduce bright lights and noise from the TV or radio as this could add to residents’ confusion or restlessness.
➤ Provide purposeful activities, such as folding towels or cleaning.
A person who has spent a lifetime doing chores may need something to do.

Residents may wander because they have forgotten where they are, or are having difficulty finding the bathroom or their room. To help orient residents:

➤ Post photographs on the doors to various rooms, including a picture of the resident on the door to his or her room. Use a picture of the resident as a young adult since that may be more recognizable.
➤ Use color schemes to identify different areas.

To minimize restlessness and confusion late in the afternoon or evening:

➤ Keep the resident active in the morning and encourage a rest after lunch.
➤ Take the resident on a walk outdoors while there is still daylight.
➤ Turn the lights on inside the individual’s room or apartment before it gets dark outside.
➤ Take advantage of as much natural light as possible while it is still
light outdoors, but before it begins to get dark, close the blinds and shades so the person can’t see outside.

If the individual tends to wander at about the same time every day, try to find out the person’s history. Is she a mother who picked her children up at three o’clock every afternoon? Staff may need to leave by a door that the individual cannot see so the resident doesn’t get the idea that it is time to go.

It is particularly important to watch exit doors when visitors are coming or going. Seeing people leave may make the person with dementia think it is time for him or her to leave also. Slipping out the door behind visitors is a common exit strategy for wanderers.

Creating a safe environment for wandering

If you determine the wandering is not associated with a physical need, such as thirst, hunger, pain, fatigue, or the need to urinate, you might just provide space for walking or exploring. Some facilities make the halls circular so residents won’t come to a dead end.

It is not a good idea, however, to let residents pace constantly for long periods of time. Some people with dementia will walk most of the day and sometimes the night, exhausting themselves in the process unless someone stops them.

Many sleep for only short periods and walk most of the night, not even stopping to eat. This kind of excessive wandering is harmful, but short periods of walking can work off restlessness if done in a safe setting.

Consider the following strategies to promote safe wandering:

➢ Remove throw rugs, electrical cords, and other things that might cause a resident to trip or fall.
➢ Arrange furniture simply and keep public areas uncluttered to provide room for walking. Keep the furniture arrangement consistently the same so the environment stays familiar.
➢ Night-lights may help at night. Ensure adequate lighting at all times.
➢ A stop sign on an exit door may stop a confused individual from going any further in that direction. Placing a black mat in front of the door will stop some wanderers (it may look like a hole in the ground to them).
➢ Try changing the feel of doorknobs that the wandering resident might try to turn. Doorknob holders made out of felt material, for example, slip on the knob and make it feel different.
➢ Have residents with a potential for elopement wear an ID bracelet with their name, address, and phone number.
➢ Install alarms on exit doors and check alarms daily to ensure they are working.
➢ Consider safety bracelets that sound an alarm if a wanderer succeeds in getting through any exit doorways.
➢ Use check-in/check-out logs so staff are aware of who has left the building for authorized or legitimate reasons.
➢ Change door codes regularly.
➢ Conduct regular checks during the day and night to verify that every resident who is supposed to be in the building is present.

Staff supervision is essential

Your facility may have a procedure to follow if a resident elopes. Below are the steps to take for an elopement attempt:

1. If you see a resident who you know should not leave trying to exit the building, stop the resident by distracting him or her with something of interest. Offer a diversion activity or a snack to get attention.
2. If that doesn’t work and the resident refuses to cooperate, get help from other staff if possible.
3. Whether or not you have help, do not leave the resident for any reason. A confused person can wander out into the street or fall into a ditch in seconds. Continue redirecting the resident into the building.

Finding a missing resident

Staff should take the following steps as soon as it is discovered that a resident is missing:

1. Conduct a thorough search of the building immediately and rapidly. Organize the search so that you know all areas are covered. All staff should gather in one place and agree to a plan. Each employee should have specific instructions for the places he or she is to search. For example, one person might check one side of a hallway while another searches the other side. If the building is a continuous circle or square, have staff members start at the same point and move in opposite directions meeting back up in the middle. Look carefully but quickly in every room, bathroom, closet, and opening of any type large enough for a person—remember, people can sometimes fit into very small spaces. Check locked rooms as well. Look under all beds and in all showers.
2. Do a thorough search of the grounds. If there is enough help, two people should go outside and walk around the building, each going in the opposite direction and meeting behind the building, then returning inside. One staff member should stay inside the facility at all times, so if only two people are working, one
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will search outside while the other stays with the residents inside. Be calm and keep order. Never leave the other residents unattended for more than a few seconds. It may be necessary to go to every exit door and look around immediately outside that door.

3. If you do not find the resident, do the following:
   - Call the administrator and explain what has happened. Follow his or her instructions.
   - Depending on your administrator’s instructions, you may need to call 911 to notify the police and emergency responders. A general rule of thumb is to notify the police if you have not found the resident within 30 minutes.
   - Someone will need to contact the resident’s responsible family member or other authorized representative. The administrator will probably do this.
   - The administrator may want you to call the resident’s physician.
   - Only share information with people authorized to receive it.

4. If you do not locate the resident and the police take over, be ready to provide the following information about the resident:
   - Name, nickname, age, and gender
   - A photograph
   - Physical description, including height, weight, race, eye and hair color, and color and type of clothing worn (if known)
   - Time discovered missing and where resident was last seen
   - Mental and physical condition
   - Addresses and phone numbers of any known friends and relatives, and previous home address (if known)

When the resident returns or is found

Once you find the missing resident or the resident returns on his or her own, do not scold the resident or show any stress or anxiety. This may further confuse and frighten the resident.

After a resident returns, take the following steps:

- Reassure the resident
- Get the individual back into a regular routine as soon as possible
- Contact everyone you informed of the elopement, letting them know the resident has been located
- Have a nurse or physician assess the resident as soon as possible

Documentation

In addition to documenting the elopement in your service notes, the individual who discovered the resident missing will need to fill out an incident report. Also complete an incident report if the resident tried to elope but was not successful. In the report, be sure to include the following information:

- The time the resident was last seen, what the staff did, and the facts of how the elopement occurred
- The resident’s physical, emotional, and mental status before the elopement
- How, when, and where the resident was found, and the resident’s condition when found
- A description of any injuries and what was done to treat the injuries
- A description of the resident’s clothing, the temperature outside, and the areas and amount of skin that were exposed
- A list of everyone who was notified of the elopement

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1. Residents wander because they are ___________.
   a. bored
   b. curious
   c. confused
   d. all of the above

2. Wandering usually has a purpose.
   a. True
   b. False

3. When language skills are lost, wandering may be a form of _________________.
   a. communication
   b. socializing
   c. going home
   d. stress relief

4. To help someone with symptoms of sundowners syndrome, provide good _______________. before it begins to get dark.
   a. distractions
   b. lighting
   c. food
   d. music

5. Diversion activities may capture a resident’s interest and distract him or her from the feelings that are causing problem behaviors.
   a. True
   b. False

6. If you see a resident eloping, you should call for help before doing anything else.
   a. True
   b. False

7. What is the first thing you should do when you discover a resident is missing?
   a. Write an incident report
   b. Call the police
   c. Call the family
   d. Conduct a thorough search

8. When you find a resident who has eloped, be sure he or she knows how angry you are and how much trouble he or she has caused.
   a. True
   b. False

9. Since no facility can be elopement-proof, staff should always _________________.
   a. supervise residents
   b. leave residents alone
   c. socialize with other staff
   d. assume the resident is fine alone

10. If a resident with dementia who usually comes to meals doesn’t appear for a meal, it is best to _________________.
    a. assume the resident is sleeping or not feeling hungry, and leave him or her alone
    b. remind yourself to go check on the resident later, when you’re not as busy
    c. immediately look for the resident
    d. call the family

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