

Methods for Preventing/Responding to Wandering in Acute Care Settings

**Share this sheet with families and discuss it - so everyone can
work together for the benefit of the older person**

Identify risks of wandering

Risk of wandering	Actual wandering
Be aware of your environmental factors Be aware of people with dementia or other cognitive changes that may contribute to wandering Ask family if there is any history of wandering Distinguish between difficulties with orientation/wayfinding and wandering Use episodes of structured observation Use a wandering risk screening tool Establish memory abilities (Mini Mental State Examination and Confusion Assessment Method)	Carry out environmental assessment or remind team of environmental factors Carry out an assessment of wandering to establish the type, level and trigger factors. Ask family for their knowledge of the wandering Refer for specialist assessment Develop a plan for responding to wandering and ensure team know how to respond to unsafe wandering or suspected missing person

Assess key triggers to wandering

Risk of wandering	Actual wandering
Use observation skills to establish if person leans to cognitive under stimulation or over stimulation: do they prefer quiet or noise? On their own or with others? Establish key triggers regarding noise light temperature	Establish triggers and times of day/night wandering is most likely to take place Establish if person is easily cognitively understimulated or overstimulated: do they prefer quiet or noise? On their own or with others? Establish scope of wandering: when, how, where? will person remain within care setting or go out of doors if an opportunity presents?

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Provide appropriate and dementia sensitive supervision

Risk of wandering	Actual wandering
<p>Provide appropriate signs and cues (words and/or pictures) for orientation purposes Always ensure person is present at shift handovers (face to face check by staff)</p> <p>Assess persons need for escort when going away from main care setting for tests etc</p> <p>Ensure person is dressed in clothes and good footwear if possible</p> <p>Provide pleasurable sensory stimulation Keep messages/notes from family (with photo) about where they are and where person is plus other notes person will find reassuring</p>	<p>Provide appropriate signs and cues (words and/or pictures) for orientation purposes Allocate named staff to supervise the person throughout the shift especially at high risk times Conduct regular checks to ensure person is present (every 30 mins – 1hour) and always at shift handover (face to face double check by staff handing over and coming on)</p> <p>Ensure person has an escort for all tests outside of the main care setting Negotiate with family or volunteers to provide 'sitter'/companionship services during busy periods for staff</p> <p>Note: If assessment of wandering is not carried out or is complete ensure person is dressed in clothes and good footwear If person wanders within care setting (safe wandering): Remove out door clothing: coat, shoes Consider technology that is used in an assistive (and not restraining) way such as pressure pad alarms sensors or electronic tagging Provide pleasurable sensory stimulation Keep messages/notes from family (with photo) Consider mini recorder device with messages from family</p> <p>If person wanders outside care setting (unsafe wandering): Ensure person is dressed for the season and weather and is wearing good footwear Consider ID card and emergency contact numbers to be kept by the person Consider technology that is used in an assistive (and not restraining) way such as pressure pad alarms sensors or electronic tagging Discuss with family outline risks and what supervision means. Enlist family services for supervision Audit to ensure regular checks are being made</p>

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	<p>Review care plan to ensure Fundamentals of care are being met</p> <p>Review individualised nursing and therapy interventions</p> <p>Refer for assessment and advice to specialist nurses or Consultant Nurse/Therapist or Psychologist</p>
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Respond to environmental triggers for wandering

Risk of wandering	Actual wandering
<p>Take responsibility for keeping noise levels down – it will benefit all patients</p> <p>Think about the best bed area/room for the person depending on if they lean towards cognitively under or over stimulated</p> <p>Involve family with supervision</p> <p>Assess how the person will find or ask for toilet</p>	<p>Take responsibility for keeping noise levels down</p> <p>Where possible keep overhead main lights off</p> <p>Keep TV or background music off or away from person unless it is known to be something specific the person likes</p> <p>Keep numbers of staff around or working with person to minimal number (no more than 2)</p> <p>Think about the best bed area/room for the person depending on if they lean towards cognitively under or over stimulated</p> <p>Involve family with supervision</p> <p>Assess how the person will find or ask for toilet</p>

Provide individualised nursing and therapy interventions

Risk of wandering	Actual wandering
<p>Ensure Fundamentals of care of delivered (see DoH Essence of Care Framework)</p> <p>Pain and discomfort assessment</p>	<p>Ensure Fundamentals of care of delivered (see DoH Essence of Care Framework)</p> <p>Pain and discomfort assessment and treatment at regular intervals</p>

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Work from a basis of shared guidelines and policies

Agree a shared person-centred and evidence based description of wandering (and all related behaviours) that is used across the organisation (and preferably across all local health and social care agencies)

Work with older people's representatives to develop and/or review guidance and policies

- Have shared guidance/standards for working with people who have a dementia and for responding to wandering
- Consider benchmarking using Essence of Care approach
- Build up a learning culture regarding care for people with dementia and behaviours that challenge the team
- Encourage clinical leaders and managers to develop policies for responding to safe and unsafe wandering
- Encourage clinical leaders and managers to at least annually test out policy for responding to unsafe wandering
- Encourage clinical leaders and managers to establish training for support staff (ward based clerical staff, porters and housekeeping) on dementia awareness and responding to safe and unsafe wandering