



Supervising the wanderer

This month, you will learn about how to manage elopement and wandering behaviors. A resident leaving a facility without the staff's knowledge is an elopement. A resident can get lost, hurt, or even killed when he or she wanders away from a nursing home.

CNAs will learn how dementia interferes with proper brain functioning, the ways in which it can affect a person, and common reasons why dementia patients wander off. They will also learn strategies for preventing elopements by their residents suffering from dementia.

Sundowners syndrome and a loss of routine are two of the most common reasons residents elope. You will learn how to recognize these cases and how to effectively handle them.

CNAs will learn the proper procedure for handling an elopement, such as determining how and where to look for a missing resident, whom to contact, and how to document the incident.

Have a good day of training, and keep an eye out for next month's issue of **CNA Training Advisor** on hearing impairment.

About your CNA training advisor

Judith Ryan, RN, BSN, is the senior advisor for **CNA Training Advisor**. She is the director of staff development at Abbott House, a 55-bed nursing home in Lynn, MA. Ryan has been a nurse for 20 years. As part of her job, she is responsible for conducting inservices on a wide range of topics for CNAs.

PROGRAM PREP

Program time

Approximately 30 minutes

Learning objectives

Participants in this activity will learn how to do the following:

- Explain why people with dementia are at risk for wandering and elopement
- Use multiple techniques to manage residents who wander and elope
- Provide a safe environment for residents who wander
- Respond appropriately to an elopement

Preparation

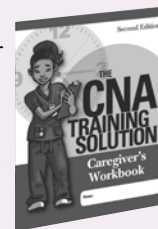
- Review the material on pp. 2–4
- Duplicate the **CNA Professor** insert for participants
- Gather equipment for participants (e.g., an attendance sheet, pencils, etc.)

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

Save hours of preparation time

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Wandering or pacing and elopement—leaving a home or a facility without authorization—are quite common in nursing home residents, especially those with dementia. These acts can make residents susceptible to injuries and to getting lost. Poor memory and communication ability could make it impossible for wanderers to remember where they are supposed to be or why they wandered.

No nursing home is completely immune to elopements, but with proper preventive measures and a plan for when residents wander off, you can greatly decrease the frequency and risk of these episodes.

Reasons for wandering and elopement

Wandering usually has a purpose. It might be a form of communication when language skills are lost. Residents with dementia may be trying to communicate that they need to urinate, are hungry or thirsty, or need to rest.

Many things can trigger wandering, such as loud conversations in the background, the noise of kitchen utensils, or a television at a high volume.

The following are common reasons for wandering:

- Excess energy, restlessness, or boredom
- Discomfort or pain
- Stress, anxiety, and agitation
- Inability to recognize familiar people, places, and objects
- Medication side effects
- Wanting to escape from a noisy or busy place
- Confusing night with day

Loss of routine

If wandering occurs at the same time every day, it might be caused by memories of old routines. For example, if a resident attempts to leave every day at 5 p.m., he or she might believe it's time to go home from work. When the resident sees staff members leaving, it reinforces that thought.

If the individual tends to wander at about the same time every day, research that person's history. Is the resident a mother who picked up her children at 3 p.m. every day? Staff members could leave by a door that residents cannot see, so they don't get the idea that it is time to go.

Sundowners syndrome

If wandering usually occurs in the late afternoon or after the sun sets, the individual may have Sundowners syndrome. Sundowners is also called nighttime confusion.

When it begins to get dark, some dementia sufferers become increasingly confused. These individuals may act very anxious, agitated, or angry. This may lead to wandering, pacing the floors, and nervousness.

Sometimes, people with Sundowners may have rapid mood changes, such as crying or becoming paranoid, aggressive, and even violent.

Often, they begin looking and calling for family members or try to leave the building.

To minimize restlessness and confusion late in the afternoon or evening for a Sundowners resident, try the following:

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

Managing wandering and elopements

Diversion activities may help with wandering or pacing behaviors. These activities can capture residents' interests and take their minds off the feelings causing the wandering, such as:

- Reading, listening to music, watching television, or other hobbies
- Social interaction
- Pet therapy

To minimize residents' restlessness, excess energy, or boredom, try the following:

- Provide and encourage regular exercise
- Help occupy the residents by involving them in a fun activity
- Let them pace where it is safe
- Provide purposeful activities, such as folding towels or cleaning

Other interventions

Residents may wander because they have forgotten where they are or are having difficulty finding the bathroom or their room. Post photographs on the doors to various rooms, including pictures of residents on the doors to their rooms. Use pictures of the residents as young adults, because these might be more recognizable to them.

Another method you can try is rocking chair therapy. Provide residents with a platform-style rocking chair that moves back and forth easily but has a stable, immobile base.

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Studies have shown that people with dementia who rock at least 30 minutes every day often become calmer. The more they rock, the more effective this therapy is for easing depression, anxiety, and tension. When a resident is upset or restless, it might help to offer a rocking chair.

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

Q What are diversion activities you can use to discourage wandering?

Discuss.

Creating a safe environment for wanderers

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

However, it is not a good idea to let residents pace constantly for long periods of time.

Some people with dementia will walk for most of the day and sometimes for the night, exhausting themselves in the process unless someone stops them.

Preventing elopement

Putting a stop sign on an exit door might stop a confused individual from going any farther in that direction. Or a black mat in front of the door will stop some wanderers because it might look like a hole in the ground to them.

Some facilities use murals with paintings of books or furniture on exit doors so a wanderer thinks the door is part of the wall and does not attempt to leave from there. If you want to use this strategy, check with the fire marshal to be sure you are not hindering recognition of an exit door in the event of a fire.

Additionally, you can try changing the feel of doorknobs that the wandering residents might try to turn. For example, using doorknob holders made out of felt material on doorknobs make them feel different. Studies show this has been effective in preventing some wandering residents from opening doors.

Some other tips for preventing elopements include:

- Having residents with the potential for elopement wear an identification bracelet with their name, address, and phone number.
- Keeping exit doors alarmed, and checking alarms daily to ensure that they work. Consider safety bracelets that will sound an alarm if a wanderer succeeds in getting through any exit doorways.
- Using a check-in/check-out log so staff members are aware of who has left the building for authorized or legitimate reasons.
- Changing access door codes regularly.


Questions? Comments? Ideas?

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Responding to an elopement

Your facility may have a particular procedure to follow if someone elopes. Here are some basic steps to take when handling an elopement attempt:

- If you see a resident trying to exit the building, stop the person by distracting him or her with something of interest, such as offering a diversion activity or snack to get his or her attention.
- If you've tried to divert the resident and he or she refuses to cooperate, get help from other staff members, if possible.
- Regardless of whether you have help, do not leave the resident for any reason. A confused person can quickly wander into the street or fall into a ditch.

Q Do you know your facility's procedure for responding to an elopement?

Discuss.

Here are the steps staff members should take as soon as you discover that a resident is missing:

- Conduct a thorough search of the building immediately and rapidly.
- All employees should have specific instructions for the places they are to search. For example, one person might check one side of a hallway while another searches the other side.
- Look carefully, but quickly, in every room, bathroom, closet, and opening of any type large enough for a person, and remember that people can sometimes fit into very small spaces. Check locked rooms as well. Look under all beds and in all showers.
- Conduct a thorough search of the grounds.

While searching for a missing resident, be calm, keep order, and never leave the other residents unattended.

If possible, you should conduct a thorough search of the grounds, using a flashlight if it is dark outside.

Make sure to check:

- Every car parked near the building and under and behind bushes
- Any bodies of water, ditches, holes, or hollow areas
- Behind and under large rocks, mounds, or hills

- Into and under any construction materials or other objects on or near the premises

Sometimes, even such an exhaustive search will not uncover the missing person's whereabouts. If you do not find the resident, follow these steps:

- Call the administrator and explain what happened. Follow his or her instructions. The administrator may want you to call the resident's physician.
- 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 family member responsible for the resident and his or her authorized representative. The administrator will probably do this.
- Only share information with people authorized to receive it.

If you do not locate the resident and the police take over the investigation, be prepared to provide the following important 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
- Time discovered missing and where the 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, do not scold or show anxiety; he or she may be confused and frightened and this will only exacerbate it. Reassure the resident. Get the individual back into a regular routine as soon as possible. Contact everyone whom you informed of the elopement, letting them know the resident has been located. Finally, make sure to follow your facility's particular policy for documenting an elopement. In addition to documenting the elopement in your notes, whoever discovered the resident missing should file an incident report. You should also document unsuccessful elopement attempts. ■

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Mark the correct response.

Name: _____

Date: _____

1. If you see a resident eloping, you should call for help before anything else.
 - a. True
 - b. False
2. 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. check on the resident later, when you're not as busy
 - c. immediately look for the resident
 - d. call the family
3. Wandering may be a form of _____ when language skills are gone.
 - a. dancing
 - b. sleeping
 - c. communicating
 - d. relaxing
4. 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. Conduct a thorough search
 - d. Call the family
5. When you find a resident who eloped, be sure he or she knows how angry you are and how much trouble he or she has caused.
 - a. True
 - b. False
6. To help someone with symptoms of Sundowners syndrome, provide _____ before it begins to get dark.
 - a. food
 - b. drink
 - c. natural light
 - d. nap time
7. Loss of _____ can lead a resident to wander.
 - a. consciousness
 - b. hair
 - c. routine
 - d. feeling in his or her hands
8. Diversion activities may help with wandering or pacing behaviors.
 - a. True
 - b. False
9. If you have a resident who likes to pace, you should _____.
 - a. restrain him or her
 - b. create a safe space for him or her to walk
 - c. force him or her to watch television
 - d. call for assistance
10. If the police take over a missing resident investigation, you should be prepared to provide the resident's _____.
 - a. name
 - b. physical description
 - c. mental and physical condition
 - d. all of the above