

Staying safe:

Wandering and the Alzheimer's Patient



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Wandering is one of the most dangerous behaviors associated with Alzheimer's disease, but there are ways of preventing and managing the risk. This brochure is directed towards keeping Alzheimer's individuals safe at home and in the community.

Through this and other resources in our Alzheimer's Disease Research program, BrightFocus Foundation wants to educate and inform caregivers in order to help you remain strong and confident in the face of this difficult disease.

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Wandering is one of the most dangerous behaviors associated with Alzheimer's disease. An Alzheimer's patient who wanders outside alone can easily become lost, confused, injured, and even die from exposure to harsh weather or other safety risks.

An estimated 6 in 10 people with Alzheimer's disease are at risk of wandering when they become confused or disoriented. This can happen at any stage of the disease. It is important to take steps to prevent wandering and know what to do in an emergency.

To prevent wandering, it helps to understand what causes a person with Alzheimer's to wander. Some common reasons for wandering are:

Confusion. The person with Alzheimer's disease doesn't realize that he is at home and sets out to "find" his home.

Delusions. He may be reliving an anxiety or responsibility from the long-ago past, such as going to work or caring for a child.

Escape from a real or perceived threat. A person with Alzheimer's disease can be frightened by noise, a stranger who visits, or even the belief that her caregiver is trying to hurt her.

Agitation. This is a common symptom of Alzheimer's disease and it can be made worse by some medications.

Boredom and restlessness that may be brought on by a lack of exercise and other stimulation.

Searching for a person, a place, or an item that was lost.

Preventing Wandering

A person with Alzheimer's disease who is restless or has a tendency to wander should never be left alone. And even with another adult in the house, the caregiver should take steps to lessen the danger that the person will exit the house or building.

Steps can include:

Ensure all **basic needs** are met, such as toileting, nutrition, and thirst.

Check with a doctor to determine whether **medication** may be causing the behavior.

Give the person **something repetitive to do**, such as rocking in a rocking chair or glider, sweeping the floor, or folding clothes.

Provide the person a **safe, uncluttered space**. Since pacing sometimes happens, provide a clear path for pacing and eliminate rugs and obstacles that could cause trips and falls.

Cover doors with "camouflage" posters that make them look like bookshelves or something other than a door. Doors can also be painted the same color as walls to make them "disappear."





Install a **fence** around the house with a lockable gate.

Obtain a **medical identification bracelet** for the person that includes her name, the words "memory loss," and an emergency phone number. These bracelets are sold in drugstores and online. Make sure it is worn at all times.

Invest in a GPS or similar wearable tracking device that makes it possible to monitor a person's whereabouts and help you locate him quickly. Shoes, watches, necklaces, and ankle bracelets are being manufactured with these devices and can be purchased from vendor websites (see Resources section at the end of this brochure).

Notify your neighbors and community members that the individual has a tendency to wander, and ask them to alert you immediately if they see her out alone.

Place **red "STOP" signs** on a door (this may be effective at stopping someone from going out).

Add **deadbolts** to all doors leading to the outside, and keep the keys in a safe place where the patient can't get to them. To reduce frustration, place locks out of the line of sight. Never lock someone with Alzheimer's or dementia in the home alone.

Install **special latches** where needed on inside cupboards and doors, and **safety devices** on all windows to limit how far they can be opened.

Look for **assistive safety technologies** available from hardware stores or home security vendors. These include motion and bed occupancy sensors; window and door sensors that set off alarms when opened; driveway sensors; and wireless home security systems.

Precautions for Alzheimer's Programs and Assisted Living Centers

Adult day centers and assisted living facilities also take precautions to prevent people in their care from wandering away unnoticed (also referred to as "eloping"). Here are best practices used to keep residents and participants safe and engaged:

At or before admission, **staff familiarize themselves with the new person** through an interview, assessment or lifestyle biography. This helps them to learn what that individual's behaviors are and what he or she has enjoyed in the past. Staff can then design individualized care plans with meaningful and appropriate



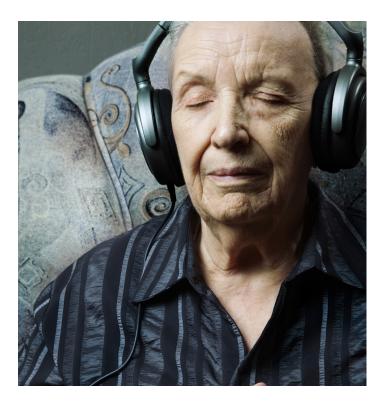
activities that help residents remain focused and calm.

Alarms are put on outside exits to alert staff if anyone leaves the building.

High staffing ratios are beneficial, enabling staff to participate in one-on-one activities and offer individualized attention.

Extra caution is taken during **turnover times**, such as during shift changes or at pickup times in day programs, when remaining participants might get the idea to leave and/or follow others out the door. To distract them, adult day centers sometimes plan a fun activity, such as a ball toss with a balloon with the rest of the group at pick-up times.

Alzheimer's individuals tend to be more prone to wandering when they become agitated or upset. **Listening to their favorite music** through headphones can be soothing.



If a Person Goes Missing

Even if you've taken all the above precautions, there is always a possibility that individuals with Alzheimer's disease will start to wander and manage to slip away unnoticed. They may go on foot or by other modes of transportation. If this happens, there are several things you should be prepared to do to find the missing person as quickly as possible.

Notify the police. Call 911 or your community's equivalent. When a person with Alzheimer's disease goes missing, it needs to be treated as an emergency.

Have several copies of a recent, close-up **photograph** of the person to give to police, neighbors, and anyone else who might be searching.

Check with neighbors to see if anyone spotted the missing person.

Keep a list (several copies) of the person's **identifying features** to share with search personnel. These would include age, sex, height, weight, and other physical features, as well as blood type, health conditions, medications, dental work, dietary needs, and other pertinent information.

Provide an unwashed **article of clothing** that has been worn by the person and kept in a plastic bag, as this can assist police dogs in the search. (Note: these items should be handled with rubber gloves to avoid adding your own scent, and clothing needs to be replaced every month to keep the scent strong.)

Be aware of **dangerous places** in your neighborhood that should be searched first, such as busy crossroads, bridges, creeks, overpasses, drainage ditches, or steep terrain.



Provide a **list of places where the person likes to go**, such as a shopping center, place of worship, a park, an old job site, or former home.

Remember, the more people in your community you inform about an individual with Alzheimer's disease and his tendency to wander, the more **help you can enlist** to search for and locate the missing person.

A Real-life Tale of Wandering David's Day Out

David, a 72-year old with early Alzheimer's disease, had moved to an assisted living facility. He made friends, liked the food, and enjoyed familiar routines, like reading newspapers, watching sports on TV, and playing with his cat. All this made him feel "at home."

A companion/caregiver spent several hours each day with David. Often they would venture out into the community for long walks, appointments, and errands.

One morning, the caregiver arrived and could not find David. He had neither signed out, nor told anyone where he was going. No one had seen David since breakfast.

Realizing it was an emergency, staff called 911. Meanwhile, the caregiver followed his instincts and headed to a shopping area, a half mile away, which he and David had visited before. After his photo was shown to several shopkeepers, David was found browsing in a bookstore, safe and unharmed, approximately 90 minutes after he had gone missing. Unaware he'd caused a commotion, David was

just doing what he had always done, taking a walk, and hadn't remembered to wait for his caregiver or sign out at the front desk.

Following this incident, the facility provided complete front desk staffing and trained staff on how to redirect a memory-impaired resident. David was reminded of the rules—more than once. These changes worked to keep David safe and content in his new home. As his Alzheimer's got worse, he was encouraged to take advantage of on-site activities, and not to go outside alone.

Resources

Alzheimer's Disease Research

A BrightFocus Foundation program providing information and publications for individuals with Alzheimer's disease and their caregivers.

1-855-345-6237

www.brightfocus.org/alzheimers

Publications and resources include:

- Understanding Alzheimer's Disease: It's Not Just Forgetfulness
- Managing Stress: Care for the Caregiver
- Alzheimer's Disease Research Review (newsletter)
- Safety and the Older Driver
- Fact sheets on treatments, healthy living, frequently asked questions, and more
- Information on home safety products www.brightfocus.org/homesafety



Please note: The following organizations are not affiliated with the BrightFocus Foundation, and BrightFocus does not endorse any programs or products offered by them. Some of the organizations may charge fees for their services and advice.

Agingcare.com. Online community providing support to family caregivers for elderly individuals with Alzheimer's disease and other special needs.

239-594-3222

www.agingcare.com

Alzheimers.net. Forum and blog for Alzheimer's caregivers. 1-888-704-7779 www.alzheimers.net

Alzheimer's Association. Nonprofit foundation offering resources that include a 24-hour hotline on local care and living options. Alzheimer's and Dementia Caregiver Center 24/7 helpline:

1-800-272-3900

TTY: 1-866-403-3073

www.alz.org

Alzheimer's Disease Education and Referral Center (ADEAR). Information and services offered by the National Institute on Aging, part of the National Institutes of Health. 1-800-438-4380 www.nia.nih.gov/alzheimers

American Association of Retired Persons

(AARP). Nonprofit membership organization serving people 50 and older. Offerings include a Caregiving Resource Center.

1-888-687-2277

www.aarp.org

BenefitsCheckUp. Service of the National Council on Aging (NCOA) that helps people to understand benefits available from federal, state, and local programs.

202-479-1200

www.benefitscheckup.org

Centers for Medicare and Medicaid Services

(CMS). Federal agency with information on hospitals, nursing homes, and home care services.

877-267-2323

www.cms.gov

Eldercare Locator. Directory of services for older adults and their families from the federal Administration on Aging.

1-800-677-1116

www.eldercare.gov

The Joint Commission. Directory of accredited healthcare organizations.

630-792-5800

www.qualitycheck.org

Medicaid. State-administered health insurance and other benefits, including assisted living, for people with low incomes. Each state health department sets its own guidelines regarding eligibility and services.

877-267-2323

www.medicaid.gov



Medicare. Federal health insurance for people age 65 and older.

1-800-633-4227

TTY: 1-877-486-2048 www.medicare.gov

National Adult Day Services Association.

Listing of adult day services in local communities.
1-877-745-1440
www.nadsa.org

National Association of Professional Geriatric

Care Managers. Aging specialists offering professional services and advice on caring for older adults.

520-881-8008

www.caremanager.org

National Center for Assisted Living.

Organization that represents assisted living communities and their staff. 202-842-4444 www.ncal.org

National Institute on Aging (NIA) Information

Center. Offers helpful information designed for seniors.

1-800-222-2225

TTY: 1-800-222-4225

www.nia.nih.gov

National Resource Center on Supportive Housing and Home Modification. University-

based nonprofit offers an extensive library that includes home modification resources (stair lifts, auto flushers, grab bars, etc.).

213-740-1364

www.homemods.org

National Respite Locator Service. Information and assistance locating respite care services in local communities.

919-490-5577 ext. 223 www.respitelocator.org

Program of All-Inclusive Care for the Elderly

(PACE). Federal-state initiative that combines Medicare and Medicaid benefits to pay for long-term care needs of Alzheimer's patients. Only available in some states; eligibility requirements vary.

1-800-633-4227

www.pace4you.org

State Health Insurance Assistance Program

(SHIP). National program to help Medicare recipients identify local health services and assistance.

www.shiphelp.org

U.S. Department of Veterans Affairs (VA).

Health care services and benefits for U.S. military veterans.

1-800-827-1000

www.va.gov



Products

The Alzheimer's Store. Products for people with Alzheimer's disease and for those caring for them.

1-800-752-3238 www.alzstore.com

MedicAlert. Medical ID with paid 24-hour emergency response service to relay vital medical information to first responders. Caregivers are called in an emergency. 1-888-633-4298 www.medicalert.org

Project Lifesaver. "Protect And Locate" technology to help locate a lost individual. 1-877-580-5433 www.pliproduct.com

Stanley Healthcare. Tracking hardware and software to help assisted living facilities and other providers locate and monitor elderly patients unobtrusively in real time (marketed by Stanley Black and Decker). 1-888-622-6992 www.stanleyhealthcare.com

Signs and Symptoms of Alzheimer's Disease

- 1. Significant memory loss
- 2. Major and unsafe behavior changes
- 3. Apathy and/or depression
- 4. Confusion and/or agitation
- 5. Failure to recognize common objects
- 6. Getting lost
- 7. Difficulty speaking or writing
- 8. Trouble with routine tasks, walking, and/or balance
- 9. Loss of vision and/or smell
- 10. Difficulty thinking/reasoning

For more information, visit our website www.brightfocus.org/ADRresources

Para información en español, visite www.brightfocus.org/espanol



BrightFocus is at the forefront of brain and eye health, advancing catalytic research around the world and promoting better health through our three programs:

> Alzheimer's Disease Research **Macular Degeneration Research** National Glaucoma Research



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