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By Meredeth Rowe, PhD, RN, FAAN

Wandering in Hospitalized Older Adults

Identifying risk is the first step in this approach to preventing wandering in patients with dementia.

Ed Eckstein

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Overview: People who have dementia are at risk for wandering away from the safety of the care setting and becoming lost in the community. Reported cases of people with dementia wandering off, even from locations such as hospitals, have become increasingly common. Preventing incidents in which the patient wanders away is critical because once a person with dementia becomes lost, she or he may die before being found. Three critical elements of prevention and action are accurate assessment of at-risk individuals, provision of intensive supervision, and implementation of a standardized search plan if a person with dementia is missing. Watch a free video demonstrating the best practices for preventing hospitalized patients with dementia from wandering away at http://links.lww.com/A306.

Web Video

Watch a video demonstrating the best practices for assessing the risk of wandering in hospitalized older adults at http://links.lww.com/A306.

A Closer Look

Get more information on why it's important to assess the risk of wandering in hospitalized older adults on page 64.

Try This: Wandering in Hospitalized Older Adults

This shows the best practices in the original form. See page 67.

The following incidents, culled from local newspaper accounts, illustrate the problem of older adults with dementia wandering away from care facilities.

Hayes Robinson, 76 years old, was ready for discharge from a hospital on Chicago's west side on Sunday, July 29, 2007.[1] He told the staff that he could walk home, and despite the patient's diagnosis of Alzheimer's disease, a staff member allowed him to leave the hospital on his own. He became lost and searchers were unable to locate him until Tuesday evening when he was found walking on the South Side of Chicago.[2]

Mary Ross, 77 years old, was taken from her assisted living facility to a physician's office, where she disappeared from the lobby on Thursday, October 4, 2007. She was never returned to the assisted living facility and was not reported missing until Friday, October 5.[3] The following Tuesday, she was identified as a patient who had been admitted to a hospital without identification on the day she went missing.

The body of a missing man was discovered in an empty pond 13 days after he wandered away from a hospital. Eugene Faulkner, 64 years old, had Alzheimer's disease and depression and left the hospital without being seen.[4]

These cases represent common challenges in caring for people with dementia; this article will explore best practices to prevent people who have dementia and are being cared for in the hospital from wandering away. (For more on why the problem is so grave, who is affected, and how difficult it is to find a person who has wandered away, see *Why Assess for the Risk of Wandering?* page 64.[5-9])

APPROACHES TO PREVENTING AND MANAGING WANDERING

In people who have illnesses that result in dementia, such as Alzheimer's disease, the term *wandering* is used to mean two different, sometimes associated, behaviors. Algase and colleagues described wandering as the tendency of nursing home residents to exhibit persistent walking, elopement behavior, spatial disorientation, or a combination of these[10]; this will be called *wandering behavior* in this article. Wandering is also frequently used to describe the situation in which someone with dementia has become lost in the community. Not all people with dementia exhibit wandering behavior, but all are at risk for *wandering away* from the care setting and becoming lost in the community.[6] As illustrated in the Faulkner case, tragic consequences can result if the person is not found quickly.

This article will focus on

- accurate assessment of at-risk patients.
- provision of intensive supervision.
- implementation of appropriate actions if a person with dementia is missing.

Why Assess for the Risk of Wandering?

While the Alzheimer's Association reports that 60% of people with Alzheimer's will wander, there are no published empirical data on the incidence of wandering away and becoming lost, including from the hospital setting.[5] However, as illustrated by the cases discussed in this article, it's clear that this is a significant clinical problem that can have deadly consequences. Anyone with dementia is at risk for wandering away and becoming lost, regardless of the person's stage of disease, age, or physical limitations. Men have a slightly higher risk of wandering away and of dying after they become lost.[6,7]

This problem has a significant impact on hospitals and other public resources in two different ways. First, significant hospital staff resources will be required to prevent a person with dementia from wandering away from the hospital. This includes not only nursing staff, but also ancillary staff who must be involved when the patient is not on the nursing unit, as intensive supervision has to be provided at every level of care. Second, once a patient has wandered away, she or he is at a significant risk for death, and an intensive search must be conducted. Since most people with dementia are elderly, it might seem that they would be easy to find, because they would be near to where they were last seen. According to a study of 615 cases I conducted with a colleague, almost 90% will be found less than five miles from the place they were last seen, and most will be found walking in populated areas.[6] However, in that study, only 46% of those who went missing were found within five hours; 36% were found between five and 12 hours later, and 9% required searches of 12 to 24 hours long. The remaining 9% took longer than 24 hours to find.[6] Those not found within 24 hours are more likely to be found dead than alive.[8,9]

Can one predict who might wander and become lost in the community? Research that my colleagues and I have conducted in recent years shows that all people with dementia are at risk for becoming lost in the community, even those who are in settings that provide excellent care. Many caregivers think that a person with dementia can reliably remain in a place after being instructed to do so, but that is not so. In the cases of Mary Ross and Eugene Faulkner, it is likely that both adults appeared quite capable of sitting and waiting for staff and neither was able to follow those simple instructions.

Is it easy to find a person with dementia once she or he becomes lost? In another study I conducted with colleagues, we compared people with dementia who were found alive with those found dead and discovered that these individuals can be exceedingly difficult to find.[7] Even with very intensive search techniques, people may die of exposure, of drowning, or as a result of vehicular accident before they are found. Quick action is essential to find them before they can walk a significant distance or seclude themselves in unusual and difficult-to-search areas. Thirty minutes, at most, should be allotted to a hasty search (a search of the immediate area where the missing person was last seen, using available staff and resources) before widening the search area to include the whole facility. Additional resources should be summoned quickly, and a coordinated, comprehensive search should begin as soon as possible. Outside resources, such as local law enforcement agencies, should be involved as early as possible in the search, as this represents the best opportunity to find the missing person. Prevention is the key.

ACCURATE ASSESSMENT

To accurately assess a patient, begin with an examination of the patient's admission diagnoses; patients with any type of dementia, including Alzheimer's disease, frontotemporal dementia, Lewy body disease, and multiinfarct dementia, should be considered at risk for wandering. When interviewing the patient or the patient's family members or caregivers, it's important to ask whether the patient has ever received a diagnosis of dementia or Alzheimer's disease. Because people who are not health care professionals may not understand the difference between the two, it's important to ask about both. Because a diagnosis of dementia often occurs years after initial symptoms appear,[11] families of older adults should be asked whether the patient has exhibited problems with severe memory loss or errors in judgment or has had difficulty finding her or his way in familiar environments.

Here are some examples of assessment questions:

- *Is your relative having difficulty doing tasks that are routine, such as preparing meals, managing medications, or keeping a schedule?*
- *Is your relative making judgment errors, such as leaving the stove on, not wearing the proper clothing outside, or going to bed too early?*
- *Does your relative become lost in familiar places?*

Watch It!

Go to http://links.lww.com/A306 to watch a nurse use the Try This approach to assessing the risk of wandering in a hospitalized older adult. Then watch the health care team plan preventive strategies.

View this video in its entirety and then apply for CE credit at www.nursingcenter.com/AJNolderadults; click on the *How to Try This* series link. All videos are free and in a downloadable format (not streaming video) that requires Windows Media Player.

If the answer to any of these questions is affirmative, there may be an undiagnosed dementia, and the patient should also be considered at risk for wandering away. (For more detailed information on assessment in this population, see "Recognition of Dementia in Hospitalized Older Adults," January.)

Patients diagnosed with delirium, or those who present with behaviors that are characteristic of delirium (for example, changes in the sleep–wake cycle, visual hallucinations or misinterpretations, or agitation), are also at risk for wandering away because of the cognitive impairment that accompanies delirium.[12] These patients can be assessed using the Confusion Assessment Method (see "Detecting Delirium," December 2007).

According to an Australian study, health care professionals, including nurses, in three hospitals identified "inappropriate building design, an overworked and underresourced system, and limited staff knowledge and understanding of dementia as major constraints to best practice."[13] In a study of nursing home incidents in which patients wandered away from facilities, a frequent cause was inadequate care by the staff, including a lack of effective precautions and improper use of alarm systems.[14] Therefore, educating staff may be necessary to ensure that they have the knowledge and skills needed to conduct accurate assessments and provide safe, adequate care to those at risk. Additionally, the physical layout of units could be assessed to identify strategies to improve the safety of people with dementia.

In the case of Hayes Robinson, the patient was allowed to leave the hospital by himself without being assessed for his risk of wandering. Possibly a nurse was unaware of his dementia diagnosis and determined, on the basis of a brief conversation, that he could leave safely by himself. Nurses must exercise much caution in using a rapid screen to determine whether someone has dementia or not because symptoms of dementia typically fluctuate, which can create the appearance of a person who is cognitively intact.[15]

SUPERVISION

One of the significant challenges in providing expert care for patients with dementia is ensuring that intensive supervision is provided from the moment the patient enters the facility until discharge.

Identifying at-risk patients. Because the patient will be cared for by a variety of nursing and allied health care staff, it's important to have a system in place that identifies which patients need intensive supervision. For example, colored wristbands are often used to identify patients who are at risk for falls and require special supervision to prevent falls from occurring; nursing leaders in the hospital can develop and implement a similar system for enhanced supervision of patients with dementia or other cognitive impairments. Patients might wear armbands or gowns of a specific color, and charts could be housed in folders or binders of a specific color, indicating the patient's risk of wandering in a confidential and sensitive manner. Indicators of the need for intensive supervision could also be placed on patients' nametags or on doors to the rooms. Creative codes could be used to preserve patient confidentiality, such as a watchful eye symbol or a check mark, although evidence supporting these ideas is not yet available.

Strategies for intensive surveillance. When the patient is on the nursing unit, a variety of strategies can be employed to ensure intensive surveillance, as detailed in the accompanying *Try This* approaches on page 67. Bed locations can be chosen to optimize surveillance by staff members, including rooms easily observed and impossible for patients to exit without going past the nursing station. All nursing staff should be encouraged to keep an eye out for any patient at risk for wandering away, even when not assigned to that patient (such observation can be facilitated by adoption of an identification system for at-risk patients, as described above). Nonprofessional paid or volunteer staff, if available, may also be employed to provide intensive supervision of patients with dementia, particularly when additional problems with agitation or confusion may increase the risk of wandering away.

Involving family members. Family members may be especially helpful if they can remain with the patient during hospitalization. A familiar face, voice, and approach can reduce agitation, thus soothing patients who may otherwise wander off to search for loved ones.[16, 17] Overall, the presence of family members results in better care of patients with dementia and can result in a reduced nurse workload.[13] Nurses can help family members work out a schedule that maximizes family support during the hospital stay. Private rooms, extended visiting hours, provision of comfortable chairs or cots for rest, and a tour of hospital resources, including the cafeteria or vending machines, can also help encourage relatives to stay.

In other hospital areas. Patients are also at risk for wandering away when not on the nursing unit. Patients waiting to be seen in the ED or clinic or for a test to be conducted are often left unattended. Impaired short-term memory may cause patients to forget why they are sitting in a waiting room or strange place, and they may walk away in an attempt to find a familiar face or location. Whenever patients with dementia are transported to other areas of the hospital, it is critical that all hospital employees who have contact with the patient be aware of the risk of wandering and provide intensive supervision. Even if a particular patient seems to understand that she or he should remain in a certain location, that patient may not remember those instructions just moments after a staff member leaves the area. If a clerk is present in the waiting room, the patient could be seated close by to facilitate observation. Another possibility would be to designate a special waiting area where staff members are present at all times, rather than keeping the patient in the usual waiting area. Nursing administration can facilitate the discussion with ancillary departments on how to keep patients safe when they are in these areas awaiting physical therapy, X-rays, scans, or other procedures or services. The cases of Mary Ross and Eugene Faulkner illustrate the importance of providing intensive supervision throughout the entire hospital experience. Both of them were in waiting areas when they wandered away from the facility.

Other strategies. Besides ongoing surveillance, other measures can be used to encourage patients to remain in the hospital. People who have dementia typically respond to what they see in their immediate environment; if they frequently see people exiting the unit by the elevators, stairs, or doors, they may be more likely to attempt to leave.[18] Triggers such as their clothing and suitcases can be placed out of their view or taken home by family members. Shoes should be concealed when not in use.

Electronic monitoring. There are a variety of commercially available monitoring systems. Some need to be permanently installed in a particular setting (for example, the dementia unit of a nursing home); others can be worn by individual patients. At this time, the most available and widely used technology for individuals is Project Lifesaver, which is typically acquired by local law enforcement agencies. It consists of receivers and transmitters; the transmitters are loaned or sold to patients who need monitoring and are worn on the wrist like a watch, although it has a nonremovable band. If a person wearing the transmitter becomes lost, the law enforcement agents can use the receivers to track the transmitted signal and find the lost person. This technology is efficient, and most people who wear this device are found within 30 minutes. To find out how your community or patients can participate in Project Lifesaver, go to www.projectlifesaver.org/site.

RAPID RESPONSE

If patients with dementia wander away, it's likely that their inability to recognize environments and negotiate a familiar path (sometimes called *way-finding deficits*) caused by dementia will prevent them from quickly finding a safe location. From the moment a person wanders, she or he is at risk for death. The most common causes of death during wandering episodes are exposure (hyper- or hypothermia), drowning (even in shallow water), and being hit by a vehicle.[8] Any of these can happen quickly when a person is missing, so it's imperative to begin the search immediately. In order to facilitate an effective search, all hospitals should have in place a specific policy on finding lost, cognitively-impaired patients.

There are three critical phases of the search:

- the initial "hasty search" of the immediate area
- the expanded search of the entire facility
- the search outside the facility

In each of these phases, two principles are critically important. First, there is no predictable action that a person with dementia may take after becoming lost. Individuals have been found in locked rooms, closets, ventilation ducts, garbage containers, woods, bushes, natural areas, junkyards, under stacks of furniture, and many other seemingly illogical locations. Therefore all areas, no matter how inconceivable, should be identified and thoroughly searched. Second, people with dementia who are lost rarely ask for help and will rarely respond to hearing their name called. When searching, it is critical to make a thorough visual inspection of every space where the person might be.

All available unit personnel should be mobilized to search the immediate area where the person was last seen in the initial "hasty search" phase, which should take no more than 30 minutes and begin with a coordinator assigning areas to each searcher so that the immediate area is searched in its entirety. The coordinator receives reports from each of the searchers and makes the decision to move to the next phase.

The expanded search uses the same principles—a coordinator and a planned search strategy—but additional personnel can include security and housekeeping staff, who are generally familiar with the physical layout of the facility. This phase might last several hours, depending on the size of the hospital.

The local law enforcement agency should be called

try this:
alzheimer's association
Best Practices in Nursing Care for Hospitalized Older Adults with dementia
from The John A. Hartford Institute for Geriatric Nursing and the Alzheimer's Association

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Wandering in Hospitalized Older Adults

By: Nina M. Silverstein, PhD, University of Massachusetts Boston, and Gerald Flaherty, Alzheimer's Association, Massachusetts Chapter

WHY: Hospital patients with dementia are at risk for wandering and getting lost either in or outside the hospital. Once lost, they are in danger of injury and even death from falls, accidents, and exposure.[i] The acute medical conditions that initially brought these patients to the hospital compound the likelihood of serious negative outcomes from wandering and getting lost.

Research shows that the majority of older adults with dementia who are ambulatory wander at some time, whether they live at home or in a residential care facility.[ii] The number of patients with dementia who exhibit this behavior in the hospital is not known. Some characteristics of the hospital setting may discourage wandering, but other characteristics of the setting and hospital experience probably promote the behavior. In general, people with dementia wander because they are disoriented, restless, agitated, or anxious; because they are looking for something (e.g., the bathroom, something to eat, or a familiar person or place); or because they think they need to fulfill former obligations, such as work or child care.[iii] As a result of disturbed sleep patterns, they may wander unexpectedly at night. When they are hospitalized, the strange environment, unfamiliar faces and sounds, and increased confusion due to their acute medical condition, pain, medications, or other treatments may exacerbate pre-existing tendencies to wander. For these reasons, even individuals with dementia who do not wander at home or in their residential care facility might wander and get lost in the hospital.

Although many older hospital patients have dementia and are therefore at risk for wandering and getting lost, hospital nurses may not know how to identify this risk. They may also not be aware of approaches they can use to reduce wandering and avoid its potentially dangerous outcomes.

BEST PRACTICE: Best practice in care of hospitalized older adults with dementia involves: 1) identifying risk for wandering, 2) providing appropriate supervision, 3) reducing environmental triggers for wandering, and 4) using individualized nursing interventions to address the causes of wandering behavior. For hospitals, a lost patient is an emergency. Given the large number of older patients with dementia and the associated risk for wandering, hospitals should have in place protocols for finding lost patients and notifying police and relatives, but many do not.[ii] Hospital nurses can help by advocating with hospital administrators for the development of such protocols.

TARGET POPULATION: Older adults with dementia diagnoses and other older adults whose memory loss and other dementia symptoms have not been diagnosed or may not even have been recognized before their hospitalization.

MORE ON THE TOPIC:

Best practice information on care of older adults: www.ConsultGeriRN.org.

i Kennedy, D.B. (1993). Precautions for the physical security of the wandering patient. *Security Journal*, 4(4), 170-176.

ii Silverstein, N.M., Flaherty, G., & Salmons Tobin, T. (2002; New release 2006). *Dementia and wandering behavior: Concern for the lost elder.* New York: Springer Publishing Company, Inc.

iii Algase, D.L. (1999). Wandering: A dementia-compromised behavior. *Journal of Gerontologic Nursing*, 25(9), 10-17.

Algase, D.L., Beattie, E.R., & Therrien, B. (2001). Impact of cognitive impairment on wandering behavior. *Western Journal of Nursing Research, **23**(3), 283-295.*

Koester, R.J., & Stooksbury, D.E. (1995). Behavioral profile of possible Alzheimer's patients in Virginia search and rescue incidents. *Wilderness and Environmental Medicine*, 6(1), 34-43.

Silverstein, N.M., & Flaherty, G. (2003). Dementia and Wandering Behaviour in Long-term Care Facilities. *Geriatrics and Aging*, 6, 47-52

Approaches to Prevent and Manage Wandering

Identify risk for wandering
- Be aware of possible dementia. (See Try This: Recognition of Dementia in Hospitalized Older Adults).
- Assess for memory problems, disorientation, acute confusion (delirium), and other mental status changes. (See Try This: Mental Status Assessment; Try This: Confusion Assessment Method).
- Secure medical evaluation to identify and treat reversible causes of delirium (See Try This: Assessing and Managing Delirium in Older Adults with Dementia).
- Ask family members and other caregivers, if any, whether the patient has a history of wandering.

Patients with positive findings from any of the steps above should be considered at risk for wandering and becoming lost in or outside the hospital. The following are suggested approaches to reduce wandering and avoid related injury in this population:

Provide appropriate supervision
- Do not leave the patient alone in the admissions area or waiting for x-rays or other tests.
- Place the patient in a room that allows for maximum staff surveillance; exit paths should intersect with the nurse's station.
- Conduct regular patient checks, especially at shift change.
- Use volunteers, paid "sitters," or specialized staffing as needed.
- Consider different color or patterned hospital gowns for patients at risk of wandering.
- Consider pressure pad alarm sensors on beds and chairs.
- Consider an electronic system using radio frequency transmissions emitted from a wristwatch-like "tag" to monitor patient movement from a central nurses' station.

Reduce environmental triggers for wandering
- Avoid rooms near areas of high traffic or noise.
- Keep stairs, elevators, and other exit cues out of the patient's view.
- Keep suitcases, shoes, and street clothes out of the patient's view.
- Position bed for best visibility and access to the bathroom; use orienting symbols to identify the bathroom (reds are most visible to the aging lens).

Provide individualized nursing interventions to address the causes of wandering
- Ask the family and other caregivers, if any, about the causes of wandering in the past (e.g., restlessness, search for loved ones, trying to "go to work") and specific strategies they have used to reduce wandering (e.g., specific calming, cueing, or redirection strategies).
- Provide a sense of belonging and personal security; reassure the patient that he/she belongs in the room and is safe there; encourage family and other caregivers to reassure the patient about his/her security in the room.
- Avoid the confusion and anxiety of room changes whenever possible.
- Reduce noise, play soothing music, and use non-glare lighting, all of which may also help decrease agitation that can lead to wandering.
- Encourage movement and exercise; walk with the patient, as appropriate; identify a safe, continuous loop path, if possible.
- Facilitate "failure-free" activities such as sorting harmless objects (i.e., those not ingestible), or viewing albums of familiar photos. (See Try This: Therapeutic Activity Kits).
- Assess for physiologic causes and risk factors for delirium as delirium may lead to wandering and changes in behavior (See Try This: Assessing and Managing Delirium in Older Adults with Dementia).
- Avoid physical restraints if possible because they increase agitation and patients can be injured as they try to get out of the restraints. (See Try This: Avoiding Restraints in Older Adults with Dementia).
- Assess and treat pain that may cause restlessness. (See Try This: Assessing Pain in Older Adults with Dementia).
- Provide toileting and incontinence care as needed.
- Accommodate bedtime and sleep rituals to prevent insomnia and nighttime wandering.
- Consider a miniature recording device—this can gently address and cue the patient in a familiar voice to remain in place.

Hospital protocols for lost patients
- Encourage hospital administrators to develop and routinely test response protocols for patients who become lost while hospitalized, including timely notification of local police and the patient's relatives.
- Encourage training for security staff about wandering behavior and search and rescue procedures for missing patients with dementia (available from the Alzheimer's Association).
- Encourage hospital administrators to consider the use of procedures to help identify missing patients (e.g., keeping a current photo of the patient on file and keeping an article of the patient's clothing in a sealed plastic bag for canine use).
- Encourage families to register their relative with dementia in the Alzheimer's Association nationwide Safe Return wanderers alert program operated with support of the U.S. Justice Department; look for evidence of patient's registration in Safe Return (bracelet, necklace, key chain, wallet card). See www.alz.org for enrollment information.

try this: Best Practices in Nursing Care for Hospitalized Older Adults *with dementia*
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for assistance fairly quickly, particularly to search in areas outside the hospital. There are no formal guidelines, but a swift response is critical because the person with dementia is in the most danger outside the facility. A reasonable time frame would be 30 minutes to two hours after the person was noted to be missing (the expanded search inside the facility may continue even after the police have been called). Every local law enforcement agency should have a specific policy for searching for cognitively impaired citizens, and that policy should be enacted when they are notified by hospital representatives that someone is missing. Generally, once the law enforcement agency is notified, it becomes the coordinator of the search. (To watch the portion of the online video discussing the assessment of patients, interpreting the assessment, and developing a plan of care, go to http://links.lww.com/A307.)

CHALLENGES

Providing comprehensive, high-quality care for someone with dementia in the hospital requires a significant investment of nursing resources and may seem, at times, like a monumental challenge. Because of their problems with memory, judgment, and abstract thinking, patients with dementia may find themselves in an unfamiliar environment, unable to remember why they are there or understand what is happening. Furthermore, they are at high risk for delirium superimposed on dementia, a condition which frequently goes unrecognized.[19] Combined, these factors increase the risk that a patient will wander away from the facility. The most significant challenge in preventing wandering away is the difficulty in dedicating sufficient staff to provide intensive supervision of all at-risk patients. Ensuring that nurses are competent in the assessment of at-risk patients can be accomplished through staff education programs as well as continuing education modules such as this article and the accompanying video. Finally, working with law enforcement can be challenging if that agency is not correctly prepared to search for individuals with cognitive impairment. Additional information on finding people with dementia who are lost, including the best strategies for caregivers and law enforcement agencies, can be found at http://nursing.ufl.edu/dementia.

COMMUNICATING ABOUT WANDERING

When a patient with dementia goes to the hospital for care, she or he is generally accompanied by a family member. This is an opportune time to discuss several issues, including the need for intensive supervision and the fact that people with dementia often do better when family members are present, and to set up a schedule when family members could help provide this supervision. Family members can be accommodated by making the hospital environment comfortable and supportive. For all older adults or anyone who has a positive screen as described above, an evaluation for dementia is necessary in order to initiate an appropriate plan of care. That plan should consist of the important elements reviewed above, including an accurate assessment of the patient, a mechanism (such as a special armband, gown color, or door marker) to communicate that the patient is at risk for wandering away, ongoing supervision (a room that is easily observed and away from frequently used exits, heightened staff surveillance, communication of risk with ancillary health personnel), and interventions to reduce the desire to leave (keeping the patient's normal clothing in a closet and shoes concealed when not in use, and keeping the patient away from areas where people are frequently seen leaving the unit). Ongoing evaluations should occur throughout the hospital stay to ensure a safe environment. Measures to prevent delirium are important because the manifestations of delirium, as well as increased confusion, may increase the patient's desire to wander away and find a familiar setting. Families can continue to provide support, and this relationship can be facilitated by providing a comfortable environment for the family. (To watch the portion of the online video in which experts in dementia discuss best practices and how to improve outcomes, go to http://links.lww.com/A308.) ▼

Online Resources

For more information on this and other geriatrics assessment tools and best practices go to www.ConsultGeriRN.org—the clinical Web site of the Hartford Institute for Geriatric Nursing, New York University College of Nursing, and the Nurses Improving Care for Healthsystem Elders (NICHE) program. The site presents authoritative clinical products, resources, and continuing education opportunities that support individual nurses and practice settings.

Visit the Hartford Institute site, www.hartfordign.org, and the NICHE site, www.nicheprogram.org, for additional products and resources.

Go to www.nursingcenter.com/AJNolderadults and click on the *How to Try This* link to access all articles and videos in this series.

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Try This: Best Practices in Nursing Care to Older Adults: www.hartfordign.org/trythis. *The series will include articles and corresponding videos, all of which will be available for free online at www.nursingcenter.com/AJNolderadults.*

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Routine use of a Try This *tool may require formal review and approval by your employer.*

REFERENCES

1. O'Donnell M. Family, police search for Alzheimer's victim; relatives upset. *Chicago Sun-Times* 2007 Aug 1;8.
2. Sun Times News Group. Elderly man found safe. *Chicago Sun-Times* 2007 Aug 1;14.
3. Markley M. Delay in missing person report probed. Alzheimer's patient allegedly gone a day before officials were told. *Houston Chronicle* 2007 Oct 10;B1.
4. Sanginiti T. Body of missing Dover man found in pond. *Delawareonline: The News Journal* 2007 Dec 5.
5. Alzheimer's Association. *Statistics and prevalence of Alzheimer's disease.* Chicago; 1998.
6. Rowe MA, Glover JC. Antecedents, descriptions and consequences of wandering in cognitively-impaired adults and the Safe Return (SR) program. *Am J Alzheimers Dis Other Demen* 2001;16(6):344-52.
7. Rowe MA, et al. Persons with dementia who become lost in the community: a case study, current research, and recommendations. *Mayo Clin Proc* 2004;79(11):1417-22.
8. Rowe MA, Bennett V. A look at deaths occurring in persons with dementia lost in the community. *Am J Alzheimers Dis Other Demen* 2003;18(6):343-8.
9. Koester RJ. *The lost Alzheimer's and related disorders subject: new research and perspectives*. Response 98 NASAR; 1998; Chantilly, VA: National Association for Search and Rescue; 1998. p. 165-81. http://www.dbs-sar.com/SAR_Research/ALZ.pdf.
10. Algase DL, et al. The Algase Wandering Scale: initial psychometrics of a new caregiver reporting tool. *Am J Alzheimers Dis Other Demen* 2001;16(3):141-52.
11. Godbolt AK, et al. The natural history of Alzheimer disease: a longitudinal presymptomatic and symptomatic study of a familial cohort. *Arch Neurol* 2004;61(11):1743-8.
12. Inouye SK. Delirium in older persons. *N Engl J Med* 2006; 354(11):1157-65.
13. Borbasi S, et al. Health professionals' perspectives of providing care to people with dementia in the acute setting: Toward better practice. *Geriatr Nurs* 2006;27(5):300-8.
14. Aud MA. Dangerous wandering: elopements of older adults with dementia from long-term care facilities. *Am J Alzheimers Dis Other Demen* 2004;19(6):361-8.
15. Ballard C, et al. The characterisation and impact of 'fluctuating' cognition in dementia with Lewy bodies and Alzheimer's disease. *Int J Geriatr Psychiatry* 2001;16(5):494-8.
16. Garland K, et al. A comparison of two treatments of agitated behavior in nursing home residents with dementia: simulated family presence and preferred music. *Am J Geriatr Psychiatry* 2007;15(6):514-21.
17. Miller S, et al. Audio presence intervention for decreasing agitation in people with dementia. *Geriatr Nurs* 2001; 22(2):66-70.
18. Dickinson JI, et al. The effects of visual barriers on exiting behavior in a dementia care unit. *Gerontologist* 1995; 35(1):127-30.
19. Laurila JV, et al. Detection and documentation of dementia and delirium in acute geriatric wards. *Gen Hosp Psychiatry* 2004;26(1):31-5.