

Curbside Consultation

Peer to peer consultations facilitated by dementia care experts



Seniors Health
Strategic Clinical Network

Intrusive Wandering

Case study

A 97 year old woman with dementia lives in a mixed 23 bed LTC unit. She is independently mobile in her wheelchair and goes in and out of rooms in her hallway. This upsets other residents; she is at risk of injury. When lucid, she says she's looking for the bathroom. She uses the toilet and wears incontinence products. There is some sun-downing but she wanders all day.

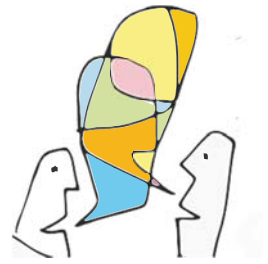
Attempted strategies

- Black holes taped on floor
- Redirection
- Music and activities
- Yellow straps across the door
- Remind other residents to use call bell when she comes in

What would the care team ask that the participants focus on?

We are looking for ways to allow her to be mobile and safe. She is at risk for being injured by residents who don't want her in their rooms.

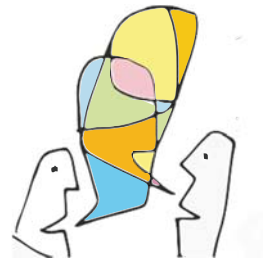
Intrusive Wandering continued



Medications

Medication	Class of medication and why prescribed	Possible side effects related to responsive behaviours	Anti-cholinergic
Acetaminophen 325 mg 2 BID and 500 mg daily PRN	Analgesic used to treat mild to moderate acute and chronic pain	Dizziness, ringing in the ears. Bitter tasting when crushed.	
Calcium Carbonate 1250 mg OD	Essential for bones, teeth, heart, nerves and blood clotting. Treats osteoporosis	Resistance to swallowing a large pill	
Carvedilol 3.125 mg BID	Antihypertensive, beta-blocker, lowers blood pressure	Insomnia, diarrhea, dizziness, cold hands and feet, low pulse rate, worsening asthma	yes
Cholecalciferol (vitamin D3) 1000 u OD	Fat-soluble vitamin, helps with absorption of calcium & phosphorus & prevents bone loss in osteoporosis		
Furosemide 40 mg OD	Diuretic to reduce symptoms of swelling and shortness of breath	Frequency, dehydration - confusion; deficiency in Thiamine/B1 (worsens CHF); deficiency in B6 (necessary for serotonin & melatonin synthesis - insomnia, anxiety, depression)	yes
Lubricating Oph. ointment, instill BID	Relieves dry, irritated eyes, keeps the eye moist	Blurred vision after application, minor burning/stinging	
Nitroglycerine patch at 0800, remove at 2000	Prevents chronic chest pain by relaxing blood vessels & allowing more blood to get to the heart muscle	Headache, dizziness, nausea, lightheadedness	
Potassium Chloride SR 600 mg BID	Mineral used to treat low blood levels of potassium. Needed for function of cells, heart & kidneys	Resistance to swallowing a large pill	
Quetiapine 25 mg daily	Antipsychotic used to treat psychiatric conditions. In this case it is being used to manage her wandering	Confusion, agitation, restlessness, hallucinations, insomnia, nausea, headache, irritability, weight gain, blurred vision, dry mouth, dizziness	yes

Intrusive Wandering continued



Rivaroxaban 15 mg daily	Anticoagulant, prevents blood clots with irregular heartbeat	Nosebleed, bruising, nausea, dizziness, headache, vision changes. Avoid the use of ASA or ibuprofen	
Sennosides 8.6 mg 2 at bedtime	Laxative for constipation. Irritates/pulls water into intestines and bowel	Cramping, urge for bowel movement	
Trazodone 50 mg daily at bedtime	Antidepressant	Confusion, agitation, insomnia, vomiting, diarrhea or constipation, dizziness, drowsiness, tiredness, blurred vision, headache, muscle pain, bad taste &/or dry mouth,	yes
Dimenhydrinate 50 mg/ml PRN	Antihistamine, prevents nausea, vomiting and dizziness from motion sickness or inner ear problem	Highly anticholinergic.	yes

What is Anticholinergic Burden (ACB)?

Many medications work against the neurotransmitter acetylcholine. Acetylcholine is crucial for cognition, sleep, muscle tone, movement, bowel and bladder function, and regulation of heart function/breathing. Trazodone, quetiapine and dimenhydrinate are of greatest concern on this list. This client is lucid 50% of the time. Reducing her anticholinergic burden may help her to be lucid more often. She may also become more settled, more easily redirected and able to focus on meaningful activities and relationships. Signs of anticholinergic burden include:

- Anxiety
- Agitation
- Blurred vision
- Urinary retention
- Constipation
- Confusion, disorientation, visual hallucinations and sensory illusions
- Sleep disturbances

Her antihypertensive, diuretic and other cardiac medications should be assessed for risks versus benefits, e.g. targeted systolic range in the frail elderly is 140-160 mm Hg. Diuretics in the frail elderly contribute to delirium, dehydration and kidney injury.

Intrusive wandering ... continued



Ideas suggested by Alberta LTC teams

- De-prescribing of medications to reduce pill burden and drug side-effects.
- Traffic pylon, portable stop sign or fall mat in front of the door
- A sign she might relate to: 'Shhh, Baby Sleeping' for homemaker; 'Biohazard' for a nurse
- Activity station or murals away from the area she is attracted to
- Short rest after lunch – therapeutic napping
- Use of a Broda chair for short periods for a rest/change of position
 - This is a form of physical restraint so restraint policies related to safety must be followed
- Sitting and visiting with the resident
- Memory box or decorations on the resident's door to help identify her own room
- Latches on doors that allow residents to keep others out (staff are able to open)
- Disguise doors using paint-on or self-adhesive design e.g. bookcase/library scene

Questions to Ask When Care-Planning for Intrusive Wandering

What is the person looking for or trying to get away from?

- Searching for something familiar, a bathroom, something to do
- Looking for a drink, food, companionship
- Trying to get away from noises, smells, too much activity

What is the need or reason for the behaviour?

- Fatigue, pain, boredom, loneliness, overstimulation, thirst, hunger, medication side effects

How can mobility be maximized without compromising safety?

Staff education and resources

- See the [AUA Toolkit](#), Responsive Behaviour Prevention: Dementia Friendly Environments
- Alzheimer's Association: <https://www.alz.org>
 - [Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes](#)
- [Alzheimer Knowledge Exchange](http://www.akeresourcecentre.org): <http://www.akeresourcecentre.org>
 - [Design and Dementia](#)
 - [Doorways](#)

Intrusive wandering ... *continued*



Curbside Consultation info

The Appropriate Use of Antipsychotics (AUA) team hosts monthly peer to peer call-in meetings to discuss specific challenges related to care of persons with dementia. A case study is prepared in advance and sent out to care teams on our contact list. During a call on the third Wednesday of each month, care teams share their expertise. The case study and suggested strategies are summarized and shared or later used for staff education.

If you have a topic or resident case study you'd like help with, or would like to be on our e-mail list, contact:
AUA@ahs.ca

