Alberta Health Services

Last Name	
First Name	
Birthdate *(yyyy-Mon-dd)*	PHN #

Managing Older Adults at Risk of Wandering

Older patients or younger patients with dementia may be at risk of wandering. Assess for additional risk factors.

Section A

- ☐ Cognitively impaired
- ☐ Acutely confused: CAM positive (Confusion Assessment Method)
- ☐ History of wandering:
  As identified by: (1) Family/caregiver, (2) LTC/Supportive Living Site, (3) Integrated Homecare client: ***Paris alert*** *- Transition Services Coordinator and/or Home Care Case Manager*
- ☐ No additional risk factors present. STOP. Continue to monitor for delirium and reassess as required.

If additional risk factors are present document risk on patient record and proceed to Section B.

Check all strategies as implemented.

Section B

☐ Identify at-risk patients using:
- ☐ Yellow wristbands (RGH only)
- ☐ Photograph *(Refer to Process for Photographing Cognitively Impaired Patients at Risk of Elopement)*
- ☐ Wanderguard (where available)

☐ Patient Room:
- ☐ Bed can be easily observed by staff
- ☐ Bed location requires patient to exit the unit past the nursing station
- ☐ Shoes and street clothes are stored out of sight
- ☐ Bathroom is clearly visible from the bed and clearly labeled

☐ Comfort needs:
- ☐ Provide Comfort Rounds every 2 hrs
- ☐ Encourage family members to stay with patient during hospitalization
- ☐ Increase social interactions/diversional activities

☐ Frequent monitoring of patient location:

Identify and document how often patient should be monitored

☐ every 15 minutes ☐ every 30 minutes

- ☐ Request that staff provide additional supervision of patient as necessary
- ☐ Provide supervision when patient is away from the unit for tests and procedures
- ☐ Document patient wandering or attempts to leave the nursing unit

Signature	Date *(yyyy-Mon-dd)*