3-307 Wandering and rummaging

TIPS Question:

My question concerns a 76-year old male who was diagnosed with Alzheimer Disease six years ago. He came to our facility 2 weeks ago from his home. Mini mental score 3/30. His is a wanderer, entering other residents' rooms; found sleeping in their beds or rummaging through their belongings. His medication has been changed from Zyprexa 5 mg prn to Zyprexa 5 mg po BID and Zyprexa Zydis prn for severe behaviour. We are considering a bed alarm for evening and some other strategies are a body pillow for his bed; a tape of his wife's voice talking about the wonderful times through their marriage. This gentleman was an avid golfer so the Activity dept has been approached to perhaps set up a putting area. My question is: "Would there be other best strategies we could use that might help deter this gentleman's behaviour of wandering?"

Response:

It is good that the 6 question-template helped assess and organize behaviour *due to shortage of time.* It is often assumed that this assessment format takes more time, but those who use it, like you, find the opposite to be true.

It is excellent that you and the care team have identified actual activities for this gentleman to do. Meaningful behaviour and an increase in appropriate stimulation lower incidents of inappropriate behaviours. Efforts have obviously been made to get to know this gentleman, his likes and dislikes, past hobbies. There is one more important thing to implement in hopes to create the best strategies for this gentleman: *Understanding.* The P.I.E.C.E.S./ U-First! training sessions stressed the importance of the meaning of behaviour. Recall the statement: 'all behaviour has meaning'. It is important that staff and family all remember that this man's behaviours are happening for certain reasons. The more these reasons are identified, the more understood the behaviour. It is so much easier for caregivers, formal and informal, to deal with behaviours when they understand why they are occurring. Use the U-First! Wheel to guide discussions with staff toward better understanding of the behaviour. When this gentleman's situation is discussed prompt staff to think about the situation from the resident's eyes. He was at home only 2 weeks ago. You may not determine where he thinks he is, why and for how long, but you could imagine this is upsetting and results in agitation.

Also, your information states that he scored 3/30 on the MMSE. This indicates significant dementia. Sometimes, when a score is this low it indicates that the individual may not have understood any of the instructions. When scores are this low, it is generally safe to assume the person has significant impairment and an MMSE is not very valid at these low scores. It's important that you have identified the significant level of dementia, but avoid too much stress on the score 3/30.

The words "severe behaviour" were used. I caution the use of this term as it may label him. The behaviours mentioned probably are disruptive to co-residents, but I did not see a significant risk identified. When you worked through the 6-question template I assume you administered the DOS or CMAI. These tools would help you describe and record the behaviours in an objective way. Perhaps his behaviours are frequent and take a fair amount of time for staff to intervene. The word 'severe' gives connotations of aggression and risk.

As you work through the RISKS template you can determine the degree of risk as related to his wandering behaviour. The facility probably has a protocol ensuring sufficient safety measures are in place – wandering bracelet, alarm bracelet, magnetic locks on the doors, and you mentioned a bed alarm. Staff often relax after potential risk issues have been identified and/or ruled out.

When you worked through P.I.E.C.E.S. you would have *flagged* some of this resident's behaviours and environmental changes. Help staff understand his strengths and deficits and apply this knowledge to their *interactions* with him. Check how different staff re-direct him and whether some approaches are better than others. The ideas of taping his wife's voice, getting a body pillow and providing golf equipment are excellent *supportive care* interventions. Once the P.I.E.C.E.S. have been collected and understanding of this resident as a person is enhanced, then staff start to see the behaviours in a different light. The re-framing of the behaviour and alterations in interactions will decrease the resident's agitation, and lower the staff's stress.