

7.14 Care of Wandering Patient

Policy

The patient with a psychiatric disability, who has been identified as at risk from wandering from a safe environment, will be kept safe with strategies for managing wandering.

Purpose

All staff will be aware of possible cause of wandering and know and use strategies to prevent wandering.

Scope

All staff within an Inpatient Ward

Definition

Wandering Patient

Any Patient who, because of a psychiatric disability, may wander from their inpatient/day hospital area and be unable to find their way back.

Supporting documents

- Health and Disability Service Standards, Restraint Minimisation and Safe Practice Ministry of Health, NZS 8134.2:2008
- TPMH Manual Volume A
Risk Management
De-escalation of Agitated Patient
- Risk Assessment Tool (PSE)
- Quality Improvement Event Reporting Form (Ref 1077)

7.14.1 Assess possible causes of wandering

Psychological / Medical

- Dementia – disorientation to time, place, and person; inability to comprehend/remember
- Delirium – acute confusion from medical illness
- Paranoia/misinterpreting situations or intentions of others

- Anxiety/agitation – especially in the afternoon
- Discomfort from pain, hunger; need for toilet, cold, heat
- Reaction to/interaction of medications – may cause confusion/restlessness
- Carrying out old habits, routines, and behaviours

Environmental

- Unfamiliar environment, routines and people – wanders seeking something familiar
- Sensory overload – too much noise, activity and clutter
- Sensory deprivation – no stimulation/boredom
- All rooms/corridors look similar/confusing – can't find toilet, room, etc.
- Poor lighting with shadows – may be misinterpreted and frightening
- Misinterpreting/fear of intrusive/personal procedures – lack of privacy
- Behaviour of others upsetting
- Feeling hurried, too many instructions/choices – people speaking too quickly, people expecting too much of the patient.

7.14.2 Strategies to Reduce / Manage Wandering

Resources

- The Inter-disciplinary Team will provide thorough assessment and treatment – both medical and psychiatric
- Staffing ratios will reflect the ward acuity and ensure patient safety
- There will be consistency of staff
- Nursing staff will have knowledge and skills in:
 - calming and diffusing
 - effective communication with a confused patient
 - potential causes of wandering and strategies to manage/minimise these

- ordering of "specials" will be clinically appropriate for patients identified at risk
- transfer to a specialised unit with a secure boundary may be an appropriate option
- use of restraint as per Canterbury District Health Board Policy may be utilised
- use of Mental Health Act may be considered to detain a patient for treatment
- a regular In-Service Education program will be available to staff and include sessions on confusion/wandering
- families/whanau/carers will be involved in all aspects of assessment/treatment as appropriate

7.14.3 Professional Practice

On admission carry out a risk assessment for wandering:

- presence of dementia
- likelihood of developing delirium
- psychiatric history – including drug/ alcohol history
- behavioural patterns/history of problem behaviour
- usual coping mechanism/reaction to stress
- mobility – usual exercise patterns
- current presentation/symptoms

Optimum physical health will be maintained with special attention to:

- ensure hearing aids/glasses are in place and adequate
- nutrition – snacks will be available 24 hours per day to aid settled behaviour
- fluid intake – dehydration will be avoided
- constipation will be monitored/treated
- urinary symptoms will be monitored/treated
- pain control will be monitored
- respiratory ' oxygenation status will be monitored
- medication compliance/ reactions will be monitored

Psychiatric state will be monitored closely and any changes documented:

- mood, cognition, anxiety, agitation and perceptions will be accurately documented
- any patterns of behaviours or triggers to behaviour will be documented
- the patient's Care Plan will clearly identify potential for wandering
- the ward will have clear orientation cues, e.g signs
- potentially hazardous substances/room will be kept secure/safe
- wanderers will be located in a room near to the Nurses Station for close observation
- the at risk patient will preferably have a single room set-up with familiar objects, photos etc.
- ensure patient I.D. bracelet is worn
- a note of the clothing being worn will be documented each day
- if normally an active walker, take the patient on supervised walks each day
- have a range of activities available to distract/keep the patient busy
- use soft music to encourage rest and sleep
- staff will frequently reality orient and reassure the patient
- encourage both verbal and non-verbal expression of feelings – validate feelings expressed
- allow as much control as possible over aspects of their environment – e.g. selecting menus, activities, timing of cares
- encourage visits from family/ whanau/carers as often as possible

7.14.4 Missing Patient

If a patient has wandered from the Ward, refer to
TPMH Manual Volume A
Missing Patient Policy & Procedure