

# Follow-up Wandering Assessment Guide (Sample)

To be completed every 90 days

You may wish to consider the following questions during your regularly scheduled care plan review. It may help you determine whether a resident should continue to wear a signaling device. You may wish to use this assessment guide as support documentation for the care plan. If so, you should keep it with the resident's records for two years. Additional conditions unique to your facility, the needs of the resident and wishes of the family should be taken into account.

Date \_\_\_\_\_

Resident's name \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Is this resident ambulatory?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. able to walk alone?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. able to walk with walker or other assistive device or use a wheelchair?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. able to walk with assistance of others?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the resident expected to reside at your facility for a year or more?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has the resident exhibited wandering behaviors in the last 60 days?<br>(Check with each of the resident's caregivers and family members.)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are there symptoms of dementia or confusion?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have the living arrangements of the resident changed during the previous 30-day period? (Changes such as moving a resident to a different wing can increase wandering behavior.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has the resident been prescribed any new medications that might cause confusion or disorientation or increase wandering behaviors?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Is the resident's physical and mental condition stable?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are there any indications of dementia?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Action

If you answered "Yes" to question 1 and "Yes" to any of questions 3, 4, 5 or 6, consider continued monitoring of the resident. Changes in living arrangements and certain medications can increase wandering behaviors, so periodic reassessments can be helpful in determining whether or not the behaviors are chronic.

If you answered "Yes" to question 1, 2, and 7 and "Yes" to any of questions 3, 4, 5 or 6, consider placing a 1-year signaling device on the resident. Since each resident's status can change completely at any time, regular reassessments are the key to providing the individualized care and attention that your residents need to maintain autonomy, dignity, and the highest possible level of functioning.