TRY THIS

General Assessment Series

Best Practices in Nursing Care to Older Adults

Wandering in Hospitalized Older Adults

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WHY: Hospitalized patients with Alzheimer's disease or other types of dementia are at risk for wandering and getting lost either in or outside the hospital. Once lost, they are in danger of injury and even death from falls, accidents, and exposure. The acute medical conditions that initially brought these patients to the hospital compound the likelihood of serious negative outcomes from wandering and getting lost. Research shows that the majority of older adults with dementia who are ambulatory wander at some time, whether they live at home or in a residential care facility (Silverstein, Flaherty, & Salmons Tobin, 2006). The number of patients with dementia who exhibit this behavior in the hospital is not known. Some characteristics of the hospital setting may discourage wandering, but other characteristics of the setting and hospital experience probably promote the behavior. In general, people with dementia wander because they are disoriented, restless, agitated, or anxious; because they are looking for something (e.g., the bathroom, something to eat, or a familiar person or place); or because they think they need to fulfill former obligations, such as work or child care (Algase, 1999). As a result of disturbed sleep patterns, they may wander unexpectedly at night. When they are hospitalized, the strange environment, unfamiliar faces and sounds, and increased confusion due to delirium, their acute medical condition, pain, medications or other treatments may trigger or exacerbate wandering behavior. For these reasons, even individuals with dementia who do not wander at home or in their residential care facility might wander and get lost in the hospital. Researchers have identified periods of high activity such as shift changes, meal times, and visiting hours when there is an elevated risk of agitation and wandering behavior (Lucero, 2002). Although many older hospital patients have dementia and are therefore at risk for wandering and getting lost, hospital nurses may not know how to identify this risk. They may also not be aware of approaches they can use to reduce wandering and avoid its potentially dangerous outcomes.

BEST PRACTICES: Best practice in care of hospitalized older adults with dementia involves: 1) identifying risk for wandering, including interviews with caregivers, and use of emerging predictive AI mobile app technology (Wang, Ezeana et al., 2022). 2) providing appropriate supervision, 3) reducing environmental triggers for wandering, and 4) using individualized nursing interventions to address the causes of wandering behavior.

For hospitals, a lost patient is an emergency. Given the large number of older patients with dementia and the associated risk for wandering, it is important that hospitals have protocols in place for finding lost patients and notifying police and relatives, but many do not (Silverstein, Flaherty, & Salmons Tobin, 2006). Hospital nurses can help by advocating for the development of such protocols with hospital administrators.

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Algase, D.L. (1999). Wandering: A dementia-compromised behavior. *Journal of Gerontologic Nursing, 25*(9), 10-17. Algase, D.L., Beattie, E.R., & Therrien, B. (2001). Impact of cognitive impairment on wandering behavior. *Western Journal of Nursing Research, 23*(3),
283-295.

Chen, K. X., Ko, M. H., Cotter, V. T., Chang, H. W., Lin, J. N., & Wang, J. J. (2025). Evidence-Based Clinical Guideline for Wandering in Hospitalized Persons With Dementia. Journal of gerontological nursing, 51(8), 45-50.

Koester, R.J., & Stooksbury, D.E. (1995). Behavioral profile of possible Alzheimer's patients in Virginia search and rescue incidents. *Wilderness and Environmental Medicine, 6*(1), 34-43.

Lucero, M. (2002). Intervention strategies for exit-seeking wandering behavior in dementia residents. *American Journal of Alzheimer's Disease and Other Dementias, 17*(5), 277-280.

Massachusetts Department of Public Health. Recommendations from the Alzheimer's and Related Dementias Acute Care Advisory Committee, Dec. 2016-June 2017

Silverstein, N.M., & Flaherty, G. (2003). Dementia and Wandering Behaviour in Long-term Care Facilities. *Geriatrics and Aging, 6*, 47-52. Silverstein, N.M., Flaherty, G., & Salmons Tobin, T. (2006). *Dementia and wandering behavior: Concern for the lost elder.* New York: Springer Publishing Company, Inc.

Silverstein, N.M., & Maslow, K. (Co-Editors) (2006). *Improving hospital care for persons with dementia.* New York: Springer Publishing Company, Inc. Wang, X., Ezeana, C. F., Wang, L., Puppala, M., Huang, Y. S., He, Y., ... & Wong, S. T. (2022). Risk factors and machine learning model for predicting hospitalization outcomes in geriatric patients with dementia. Alzheimer's & Dementia: Translational Research & Clinical Interventions, 8(1), e12351.

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Approaches to Prevent and Manage Wandering

Identify risk for wandering

- Be aware of possible dementia. (See Try This:® Recognition of Dementia in Hospitalized Older Adults).
- Assess for memory problems, disorientation, acute confusion (delirium), and other mental status changes. (See Try This:®Mental Status Assessment; Try This:® Confusion Assessment Method).
- Secure medical evaluation to identify and treat reversible causes of delirium. (See Try This:® Assessing and Managing Delirium in Older Adults with Dementia).
- Ask family and any other caregiver if the patient has a history of wandering and include all pertinent information in chart.

Patients with positive findings from any of the steps above should be considered at risk for wandering and becoming lost in or outside the hospital. The following are suggested approaches to reduce wandering and avoid related injury in this population:

Provide appropriate supervision

- Do not leave the patient alone in the admissions area or waiting for x-rays or other tests.
- Place the patient in a room that allows for maximum staff surveillance; exit paths should intersect with the nurses' station.
- Conduct regular patient checks, especially at shift change.
- Use volunteers, paid “sitters,” or specialized staffing as needed.
- Consider different color or patterned hospital gowns for patients at risk of wandering.
- Consider pressure pad alarm sensors on beds and chairs.
- Consider an electronic system using a wristwatch-like “tag” to monitor patient movement from a central nurses’ station.
- Consider other, relatively low-tech strategies including door alarms, bed alarms, reclining chairs, wheelchair safety belts, and knob covers.
- Consider use of emerging predictive AI mobile app technology.

Reduce environmental triggers for wandering

- Avoid rooms near areas of high traffic or noise.
- Keep stairs, elevators, and other exit cues out of the patient’s view.
- Keep suitcases, shoes, and street clothes out of the patient’s view.
- Position bed for best visibility and access to the bathroom; use orienting symbols to identify the bathroom (reds are most visible to the aging lens).
- Keep the patient’s door closed during high activity periods such as shift changes, meal times, and visiting hours. If this poses a conflict with hospital regulations, try mediation to change the regulation.

Provide individualized nursing interventions to address the causes of wandering

- Ask the family and other caregivers, if any, about the causes of wandering in the past (e.g., restlessness, search for loved ones, trying to “go to work”) and chart specific strategies they have used to reduce wandering (e.g., specific calming, cueing, or redirection strategies).
- Provide a sense of belonging and personal security; reassure the patient that he/she belongs in the room and is safe there; encourage family and other caregivers to reassure the patient about his/her security in the room.
- Avoid the confusion and anxiety of room changes whenever possible (this can also occur during transfer in from and out to other facilities).
- Reduce noise, draw shades at sundown to reduce shadows, play soothing music, and use non-glare lighting, all of which may also help decrease agitation that can lead to wandering.
- Encourage movement and exercise; walk with the patient, as appropriate; identify a safe, continuous loop path, if possible.
- Facilitate “failure-free” activities such as sorting harmless objects (i.e., those not ingestible), or viewing albums of familiar photos. (See Try This:® Therapeutic Activity Kits).

- Assess for physiologic causes and risk factors for delirium as delirium may lead to wandering and changes in behavior. (See Try This:® Assessing and Managing Delirium in Older Adults with Dementia).
- Avoid physical restraints if possible because they increase agitation and patients can be injured as they try to get out of the restraints. (See Try This:®Avoiding Restraints in Older Adults with Dementia).
- Assess and treat pain that may cause restlessness. (See Try This:® Assessing Pain in Older Adults with Dementia).
- Provide toileting assistance and incontinence care as needed.
- Accommodate bedtime and sleep rituals to prevent insomnia and nighttime wandering.
- Consider recording a familiar voice which can gently cue the patient to remain calm and in place; use social media technology in a similar way.

Hospital protocols for lost patients

- Encourage hospital administrators to develop and routinely test response protocols for patients who become lost while hospitalized, including timely notification of local police and the patient's relatives. Attempt to identify dementia at earliest point of hospital intake and include in operational plan.
- Encourage training for security staff about wandering behavior and search and rescue procedures for missing patients with dementia (available from the Alzheimer's Association).
- Encourage hospital administrators to consider the use of procedures to help identify missing patients (e.g., keeping a current photo of the patient on file and keeping an article of the patient's clothing in a sealed plastic bag for canine use).
- Look for evidence of an existing patient registration (bracelet, keychain, wallet card, watch, or other device) in a program such as MedicAlert or a local police database addressing missing older people; encourage families and other caregivers to enroll the patient in such a program.