AFE A E E

Provided by the Alzheimer's Association®, this guide is designed to help clinicians and other medical professionals assess potential safety concerns and o er resources to patients living with dementia and their caregivers.

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If the patient or caregiver answers yes to questions 1 and 3-7 or no to question 2, refer to the Safety Assessment Guide for further evaluation. When working with patients living with dementia, it is recommended that you also consult with a family member, friend or caregiver, as the patient's judgment, memory and decreased cognitive skills may impact insight into the illness and the ability to provide accurate reporting.



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Wandering and getting lost
Getting lost can occur at any stage of the disease; however, wandering behavior often occurs during the middle stage. It's important to educate the person with dementia and their family/caregiver about the possibility of wandering and getting lost, and how to be prepared.

| Questions to ask patient | Questions to ask family/caregiver | Considerations | Resources |
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| Have you ever gotten lost in places that are familiar to you? | Has the patient ever come home much later than expected without an explanation? Does the patient ever try to leave the house or ask to "go home" when he or she is already at home? Has the patient ever gotten lost going to or coming from a familiar place? | For the person who is still independently active in the community: Make sure the person has an In Case of Emergency (ICE) contact in his or her phone. Consider enrolling in a wandering response service. Contact the Alzheimer's Association 24/7 Helpline (800.272.3900) for more information. Consider using technology such as GPS devices or mobile apps that o er location tracking services. For the person who is at risk for wandering: Set up structured and engaging activities throughout the day to help discourage wandering behavior. Include exercise, if possible. Disguise the exits with wall hangings. | |

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Living Alone

Individuals with dementia who live alone present unique challenges. Because of the disease, they may not accurately report information. It can be helpful to have a conversation with the person to help you assess whether their level of cognitive decline is impacting their ability to live alone. Keep in mind that many people who live alone also already have a family member, friend or neighbor who provides assistance in the home.

| Questions to ask patient | Questions to ask family/caregiver | Considerations | Resources |
|--|---|--|--|
| Do you live alone? Tell me about a good day. What works well for you in your routine and what are your challenges? It is not uncommon for older adults to need some assistance to remember to take their medications. How do you manage that? Do you ever feel lonely, isolated or scared? Are you having any challenges getting to appointments, visiting friends or running errands? Have you noticed any changes in your eating habits? Do you have any support services that come into the home? Have you had any trouble paying your bills or balancing your checkbook? I a a a a a a a a a a a a a a i. There is a lot for us to go over during these appointments. It may be helpful to bring a friend or family member with you to help you keep track of everything we discuss. Is there someone who can join you for your next appointment? | Have you thought about when it will no longer be safe for the patient to live alone? Do you have any concerns about the patient's ability to live alone? Are you confident that the patient is: • Eating regularly? • Getting to appointments? • Managing finances? • Able to shop, clean and prepare meals? Do you have any support services that come into the home? | Patients who exhibit any of the following behaviors can no longer safely live alone. Plans should be made for more appropriate housing: • Delusional or paranoid behavior or thinking. • Serious fall risk (or has fallen). • Unable to remember to take medications, posing a dangerous risk to his or her health. • Forgetting to eat and/or drink regularly. • Unable to use a stove or other tools and appliances without posing a dangerous risk to his or her health. A diagnosis of dementia and the resulting changes in function and/or social withdrawal may cause a person to feel increased loneliness or isolation. This may in turn impact mood, function and self-care. Changes in thinking may reduce the patient's ability to make appropriate decisions about self-care as the disease progresses. Di culty managing personal hygiene can lead to unsafe living conditions. | Alzheimer's Association If You Live Alone The analysis of the Alice Alice The analysis of the Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice Alice |