1. Wandering is a behavioral disorder defined as:
   A. persistent walking.
   B. elopement.
   C. disorientation in space.
   D. all of the above.

2. Assessing the status of which following risk factors may prevent wandering in hospitalized patients?
   A. Ambulation and nutrition.
   B. Literacy and medical illness.
   C. Delirium and dementia.
   D. Sleep and sight.

3. Patients who wander can encounter which of the following?
   A. Injury to self or others and death.
   B. Independence and mobility.
   C. Decreased hospital stay and increased insurance coverage.
   D. Increased cost of health care and decreased need for medications.

4. In this study, what screening tool for wandering is validated in hospitalized patients?
   A. Two-item Wandering Risk Assessment and Intervention Form.
   B. Nine-item Risk Assessment Electronic Health Record Form.
   C. Algase Wandering Scale.
   D. Geriatric Wandering Scale.

5. Which hospitalized patient is MOST at risk for wandering?
   A. 32-year-old with paraplegia and an opioid agent overdose.
   B. 65-year-old with congestive heart failure and normal cognition and ambulation.
   C. 79-year-old who walks with a cane and has been diagnosed with dementia with delirium.
   D. 91-year-old with dementia and acute stroke with dense hemiparesis.
6. Efficient prevention from wandering of at-risk hospitalized patients includes:
   A. screening to identify at-risk patients and modifying environmental triggers.
   B. screening to identify qualified nursing staff and willingness to change shifts.
   C. nursing, physician, and patient/family agreement.
   D. nursing protocols and discussion with the rescue search team.

7. Which of the following is recommended to reduce the at-risk patient from wandering?
   A. Having a room in a secluded, calm area.
   B. Having a room close to the nursing station.
   C. Bed rest.
   D. Physical therapy.

8. Interventions recommended to reduce at-risk patients from wandering include:
   A. double room with bed in high position.
   B. physical and chemical restraints.
   C. photograph and bed alarm.
   D. hidden camera and volunteer observation.

9. Barriers to interventions in preventing at-risk patients from wandering include:
   A. knowledge deficit.
   B. inadequate resources.
   C. lack of documentation of prior episodes of wandering.
   D. all of the above.

10. A strength of the study in assessing hospitalized at-risk patients for wandering is:
    A. testing is performed by a multidisciplinary team.
    B. testing can be done by direct caregiver nurses.
    C. accuracy of the electronic health system.
    D. reliability of the validated tool.

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