

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

Safety Assessment Checklist

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.

Questions	Yes	No
1. Is the patient still driving?		
2. Is the patient taking medications as prescribed?		
3. Are there concerns about safety in the home?		
4. Has the patient gotten lost in familiar places or wandered?		
5. Are firearms present in the home?		
6. Has the patient experienced unsteadiness or sustained falls?		
7. Does the patient live alone?		

Safety Assessment Guide

Driving

A patient's functional ability — not age or diagnosis — should dictate when it's time to retire from driving. Look for changes from his or her baseline.

Questions to ask patient	Questions to ask family/caregiver	Considerations	Resources
<p>Are you still driving?</p> <p>How have your driving skills or behaviors changed?</p> <p>Have you had any traffic accidents?</p> <p>Have you considered making a plan for when you are no longer able to drive?</p>	<p>Is the patient still driving?</p> <p>Is the patient a good driver?</p> <p>Has the patient been involved in any recent accidents, including fender benders, or been issued any tickets?</p> <p>Do you have any concerns about a passenger riding with the patient?</p>	<p>These questions should be asked during every visit for as long as the patient is still driving.</p> <p>Driving requires the ability to multitask. High-risk driving is increasingly linked to higher order ADL impairment.</p> <p>Both the person with dementia and the family need to be aware that functional abilities will change over time, making driving no longer possible. Plans should be made for when that time comes.</p> <p>Driving represents independence and the loss of the ability to drive can be very difficult to accept. Acknowledging this loss of independence with the patient can be helpful, along with discussing other available transportation options.</p> <p>There may come a time when the person doesn't understand why he or she can no longer drive safely. Once other measures to prevent the person from driving have been exhausted, counsel the family or caregiver about removing the person's access to the car, disabling the vehicle or taking away the keys. Sometimes it can be helpful to write out a "retire from driving" prescription.</p>	<p>Alzheimer's Association Dementia and Driving Resource Center</p> <p>American Occupational Therapy Association</p> <p>Driving Safety Guides</p> <p>Aging Life Care Association</p>

<https://alz.org/help-support/caregiving/safety/dementia-driving>

https://myaota.aota.org/driver_search/

<https://www.thehartford.com/resources/mature-market-excellence/publications-on-aging>

https://www.aginglifecare.org//ALCA/About_Aging_Life_Care/Find_an_Aging_Life_Care_Expert/ALCA/About_Aging_Life_Care/Search/Find_an_Expert.aspx?hkey=78a6cb03-e912-4993-9b68-df1573e9d8af%20

Managing Medications

Managing medications is a common difficulty for patients with cognitive impairment and/or those taking multiple medications, thus requiring assistance, even when the person is in the early stage.

Questions to ask patient	Questions to ask family/caregiver	Considerations	Resources
<p>It's not uncommon for older adults to sometimes forget to take their medications. Does that ever happen to you?</p> <p>What do you do to help remember to take your medications?</p> <p>How do you tell your medications apart? Do you use pill boxes?</p> <p>Who fills your pill boxes? How do you refill your prescriptions?</p>	<p>How is the patient doing with his or her medications?</p> <p>How confident are you that he or she is taking them as directed?</p> <p>Do you ever notice that there are too many or not enough pills at the end of the month?</p>	<p>We cannot rely on self-management of conditions for patients with dementia.</p> <p>Tools like pill boxes, a reminder call from a family member or special bottles with caps that count how many times the bottle has been opened may be helpful in managing medications.</p> <p>Family members or caregivers can provide assistance by asking the pharmacist to distribute medication in a pill box and by setting alarms on a phone or watch as medication reminders.</p>	<p>Medication Management: A Family Caregiver's Guide</p> <p>Medication Safety</p> <p>Medi-Cog</p>

https://www.nextstepincare.org/Caregiver_Home/Medication_Management_Guide/

<https://www.alz.org/media/Documents/alzheimers-dementia-medication-safety-ts.pdf>

<https://www.pharmacy.umaryland.edu/media/SOP/medmanagementumarylandedu/MediCogBlank.pdf>

Home Safety

It is important to educate the family/caregiver about safety in the home early in the process so they can make appropriate modifications to the home and learn how to continually assess safety as the disease progresses.

Questions to ask patient	Questions to ask family/caregiver	Considerations	Resources
<p>Have you had any safety-related incidents at home?</p> <p>Do you feel safe in your home?</p> <p>Do you use the stove to cook?</p> <p>Is it becoming more difficult for you to complete chores?</p> <p>Do you ever smoke while alone in your home?</p>	<p>Do you feel comfortable leaving the person home alone?</p> <p>Have you noticed any burned pans or other signs of issues with the stove or other appliances?</p> <p>Do you have any concerns about the person's cooking or eating habits?</p> <p>Are there working smoke detectors and fire extinguishers in the home?</p> <p>Are there any concerns about the patient harming themselves or others?</p>	<p>There will come a time when the person should not be left alone. However, he or she may still be able to participate in some chores with supervision.</p> <p>Keep an eye on the person's ability to conduct typical household tasks, such as cooking and using appliances and tools. Adjust as necessary.</p> <p>A speech and/or occupational therapist specializing in dementia can provide additional customized strategies to support the person with dementia and the family/caregiver.</p>	<p>Alzheimer's Association Safety Resources</p> <p>Simple Solutions: Practical Ideas and Products to Enhance Independent Living</p> <p>Alzheimer's Association Home Safety Checklist</p>

<https://alz.org/help-support/caregiving/safety>

https://s0.hfdstatic.com/sites/the_hartford/files/simple-solutions-2012.pdf

<https://alz.org/media/Documents/alzheimers-dementia-home-safety-checklist.pdf?>

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
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: <ul style="list-style-type: none">• 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 offer location tracking services. For the person who is at risk for wandering: <ul style="list-style-type: none">• Set up structured and engaging activities throughout the day to help discourage wandering behavior. Include exercise, if possible.• Disguise the exits with wall hangings.• Put an alarm on the door so you are aware when it is opened.	Tips on wandering/getting lost

Firearms

There may come a time when the patient may not recognize family members or friends. It is not uncommon for a person with dementia to believe that a stranger has entered his or her home when it is, in fact, a relative or caregiver. If firearms are accessible, this can become a dangerous situation.

Questions to ask patient	Questions to ask family/caregiver	Considerations	Resources
Do you have firearms in your home?	Are there firearms in the home?	<p>If possible, remove all firearms from the home. If that isn't an option, keep ammunition stored separately from the weapon and ensure that both are kept in a locked cabinet or gun safe.</p> <p>If the patient is reluctant to remove the firearms, encourage him or her to consider "gifting" the firearms to another family member or friend.</p> <p>If necessary, ask local law enforcement for assistance in removing the firearms from the home. The family may receive compensation from a gun buyback program.</p>	Alzheimer's Association Staying Safe Topic Sheet

<https://www.alz.org/media/Documents/alzheimers-dementia-staying-safe-ts.pdf>

Falling

Patients with dementia can be at risk for falls due to the changes they experience in vision and mobility.

Questions to ask patient	Questions to ask family/caregiver	Considerations	Resources
Do you ever feel unsteady on your feet?	Does the patient seem unsteady on his or her feet?	Order an evaluation with a physical therapist to assess for fall risk.	Steady Materials for Health Care Providers
Have you fallen recently?	Has the patient fallen recently?	Refer the caregiver to education about proper transfer techniques.	
Are you limiting outings or travel due to fear of falling?	Has the patient limited outings or travel due to fear of falling?	Remove throw rugs in the home.	

<https://www.cdc.gov/steady/materials.html>

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
<p>Do you live alone?</p> <p>Tell me about a good day. What works well for you in your routine and what are your challenges?</p> <p>It is not uncommon for older adults to need some assistance to remember to take their medications. How do you manage that?</p> <p>Do you ever feel lonely, isolated or scared?</p> <p>Are you having any challenges getting to appointments, visiting friends or running errands?</p> <p>Have you noticed any changes in your eating habits?</p> <p>Do you have any support services that come into the home?</p> <p>Have you had any trouble paying your bills or balancing your checkbook?</p> <p><i>If the patient came to the appointment alone:</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?</p>	<p>Have you thought about when it will no longer be safe for the patient to live alone?</p> <p>Do you have any concerns about the patient's ability to live alone?</p> <p>Are you confident that the patient is:</p> <ul style="list-style-type: none"> • Eating regularly? • Getting to appointments? • Managing finances? • Able to shop, clean and prepare meals? <p>Do you have any support services that come into the home?</p>	<p>Patients who exhibit any of the following behaviors can no longer safely live alone. Plans should be made for more appropriate housing:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>Changes in thinking may reduce the patient's ability to make appropriate decisions about self-care as the disease progresses. Difficulty managing personal hygiene can lead to unsafe living conditions.</p>	<p>Alzheimer's Association If You Live Alone</p> <p><small>This is an official publication of the Alzheimer's Association but may be distributed freely and without charge by unaffiliated organizations and individuals. Such distribution does not constitute an endorsement of these parties or their activities by the Alzheimer's Association.</small></p> <p><small>© 2023 Alzheimer's Association®. All rights reserved.</small></p>