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STEADIER GROUND FIELD CARD

Mistaken for Intoxicated or Non-Compliant

TRY SAYING

- "What've you got there?" (ask about the object before the situation)
- "Hi, I'm here to help. Can you tell me your name?" Then wait.
- "That sounds important. Let's figure it out together."

AVOID SAYING

- "Sir, I need you to listen to me." Louder reads as threat, not authority.
- Stacked questions. One at a time.

IF THEY WON'T COMPLY

1. Check for a medical alert bracelet, wallet card, or emergency contact note.
2. One instruction at a time, demonstrated. "Take my hand."
3. No contact without warning.
4. Get a caregiver on the phone if you can.

Rule out first: sudden confusion over hours, one-sided weakness, facial droop, head strike, low blood sugar. Treat as medical.

If de-escalation isn't reducing risk: your call, unchanged.

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Found Disoriented in Public

TRY SAYING

- "You look like you've been walking a while. Want to sit down?"
- "Where are you headed?" (better than "where do you live")
- "What've you got there?"

AVOID SAYING

- "You shouldn't be out here by yourself."
- "Do you know where you are?" It's an exam, and failing it in public ends the conversation.
- Don't name a relative you haven't actually reached.

TO GET A NAME

1. Check for a medical alert bracelet, wallet card, lanyard, or contact note.
2. Ask bystanders which direction they came from, away from the person.
3. Ask about a former address or workplace, not just a current one.
4. Check the vulnerable persons registry and any open missing person report.
5. Get a caregiver on the phone and let them talk to the person directly.

Rule out first: sudden confusion over hours, one-sided weakness, facial droop, head strike, low blood sugar, heat or cold exposure.

Escalate to medical: unknown time outdoors, dehydration, unexplained injury, confusion worsening while you're there.

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Reported Missing from Home or a Facility

ASK AT THE SCENE

- "When did you last physically see them?"
- "Where did they live before this? Where did they work?"
- "What were they wearing, and do they have shoes on?"
- "Has this happened before, and where did you find them?"

AVOID SAYING

- "How did this happen?" It reads as blame and shuts down what you need.

SEARCH PRIORITIES

1. High urgency from minute one. No fatalities in the Virginia study when found within 24 hours; 46% past it.
2. Search the residence or facility fully first: closets, vehicles, stairwells.
3. Prioritize water, culverts, ditches, marsh, heavy brush. They go until they get stuck.
4. Straight line out from the exit. Walk the ground just off roads and trails.
5. Send units to the former address and former workplace.
6. Get registry info and a current photo.

When you find them: one person, from the front, no grabbing. Medical evaluation for exposure and unwitnessed falls by default.

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Refusing Transport After a Fall or Medical Event

TRY SAYING

- "Tell me what you think happened tonight." (this is your capacity assessment)
- "They'll check you over and then we'll get you back home," if it's true.
- "Your daughter would feel better if we got that looked at."
- "Let's just get you off the floor first."

AVOID SAYING

- "You don't get to make that decision." May be wrong, and starts a fight.
- "You could die." Can't be retained. Lands as a threat.

WORKING THE REFUSAL

1. Dementia alone does not remove capacity. Assess and document it specifically.
2. Rule out reversible causes: hypoxia, hypoglycemia, shock, sepsis, head injury, stroke, medications.
3. Family can persuade. Family cannot refuse for a patient lacking capacity without healthcare POA or guardianship.
4. Contact medical control early where refusal carries real risk.

Capacity check: can they explain the situation, the options, the consequences of refusing, and hold to a choice?

No capacity, no authorized decision-maker, emergency condition: implied consent per your protocol.

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Combative During Hands-On Treatment

READ THE FIGHT AS PAIN FIRST

- The validated dementia pain scale (PAINAD) scores pushing away, striking out, rigid body, and clenched fists as top-range pain indicators, not behavior.
- Where the resistance starts is a localization. Document it.
- Read the face: grimacing, frowning, frightened expression, moaning, can't be reassured.

TRY SAYING

- "I'm going to touch your arm now." Announce every contact, every time.
- "Does this hurt?" Then read the face, not the answer.
- "I'm here to help you feel better."
- "Can you hold this for me?" Give the hands a job.

AVOID SAYING

- "Hold still, I'm almost done."
- Clinical talk over their head to your partner.
- "Stop fighting me."

GETTING THE ASSESSMENT DONE

1. Create space first: step back, drop your hands, give it a few seconds.
2. Cut the sensory load: fewer people, lights and radios down, one voice.
3. Eye level, approach from the front.
4. One step at a time, demonstrated.
5. Use the caregiver's voice. Ask what usually helps.
6. Ask whether it has to happen here and now.

Restraint and sedation: per your protocol. Ask the pain question first where you can.

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