



## Management of Disrobing

1. Patients may disrobe due to irritation with skin lesions or rashes. Make sure that a comprehensive evaluation of the resident's skin is completed if they begin to develop disrobing as a behavior.
2. Residents may need to use the toilet but are unable to remove the appropriate clothing in a socially acceptable manner. Make sure that a toileting schedule is in place to limit this need to disrobe.
3. Constipation may cause abdominal discomfort which may be relieved by removing pants or a belt. Evaluation and treatment for constipation may relieve the disrobing.
4. Clothing may be discarded due to weight gain, where the clothing feels tight and uncomfortable, or with weight loss, due to loose or baggy clothing. Experiment with the right fit for the individual.
5. Residents may disrobe if the clothing does not reflect their previous attire. Knowing their clothing preferences or if they dressed in a certain way for work may explain their efforts to disrobe.
6. Pain may lead to disrobing. Always make sure the resident is evaluated for undertreated pain.
7. Hypersexual behavior can lead to a resident disrobing, though this is actually a rare cause for the behavior.
8. Patients who disrobe frequently may be responding to the cue of other clothing in their room or in a bath or shower area. Removal of the clothing may limit the disrobing. If a resident disrobes due to such cues it may be necessary to change the clothing of a roommate with the resident out of the room.
9. Delusional thoughts may influence the resident to disrobe. Make sure the resident is evaluated for any potential psychosis.
10. Residents may disrobe due to fatigue and a desire to go to bed. Lacking the ability to properly dress themselves for bed after disrobing may explain this behavior.

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