



# A Better Way to Care

## Safe and high-quality care for patients with cognitive impairment (dementia and delirium)

Any person going to hospital can find the experience stressful. For a person with cognitive impairment – who may be having difficulties with their memory, thinking or communicating – the experience can be overwhelming. A patient with cognitive impairment will need extra care and supervision to stay safe during their hospital stay.

Information provided in this resource outlines key actions for patients, carers and families.

People with cognitive impairment have difficulties with memory, thinking or communicating. These difficulties can be temporary or long term. For older people who are in hospital, dementia and delirium are common causes of cognitive impairment.

**Delirium** is an acute medical condition that occurs suddenly and may only last a short time.

A person may feel confused and disorientated, and may be unable to pay attention. Carers and families will usually report that the person is not their normal self.

Delirium may be caused by many different things, including a severe infection, lack of fluids and/or reactions to medicines. Delirium can have serious consequences if not identified, but can be reversed if the causes are found and treated.

**Dementia** is a collective term for a number of disorders that cause decline in a person's memory, judgement or language that affects everyday functioning. Dementia is different from delirium because the decline is gradual, progressive and usually irreversible. The most common type is Alzheimer's disease.

A person living with dementia is more likely to develop delirium during their hospital stay than someone without dementia.

### ***What can I do if I have cognitive impairment and I am in hospital?***

- Let clinicians know if you are experiencing any changes in your memory or thinking, particularly if you feel that it has happened recently.
- You may be asked questions to test your memory and to obtain background information about your health. These questions will help the clinician to determine if there is a need for further investigation, and to make decisions about your care and treatment.
- While you are in hospital, let your clinician know what assistance you may need.
- Participate in discussions and decisions about your health condition and possible treatment as much as you are able and choose to. Ask that your carer or a family member also be involved, if that is what you want.
- Let clinicians know what is important to you, if you have any treatment preferences or if you have completed an advance care plan.
- If you are unable to make your own healthcare decisions, your clinician will find out who is able to make decisions on your behalf and will consult them. This person is called your substitute decision-maker.
- If you don't have a carer or a family member who is able to visit you, you may wish to nominate someone whom your clinician can contact to inform them of your hospital admission.

### ***What can I do if I am a carer or family member of a patient with cognitive impairment?***

A hospital admission can be daunting for anyone, especially for a person with memory loss. Let hospital staff know, that your relative/friend has memory loss or dementia.

These ideas may help with settling into hospital:

- Bring along a bag with familiar clothes, general information and emergency family/ carer contact numbers
- Familiar activities may reduce boredom, wandering and agitation
- Bring in their hearing aids, glasses and dentures
- Bring small familiar bedside items e.g. a picture, a clock
- Regular visitors can make a difference to their emotional wellbeing Avoid overstimulation by considering a visiting roster

- Reassure your family/friend about their hospitalisation
- Use a clear, calm voice and short sentences
- Encourage and assist with food and fluids – as patient is allowed. Position yourself close to the patient.

Writing down ideas can be helpful such as;

- Patients preferred name
- Likes and dislikes
- Preferred Routine
- Advise about settling during the night
- Showering and toileting routine
- Consider using a message book by the bedside
- Let staff know who you wish to be contacted if the patients becomes unsettled
- Negative behaviours and the best management strategies

### **Avoiding a fall in hospital**

To reduce this risk:

- Report all previous falls to staff
- If walking aides or hip protectors are used at home – take them to hospital
- Bring in shoes suitable and safe/ comfortable clothing for walking
- Assistance or supervision may be needed with walking, toileting & showering
- Place personal items within reach – water jug, cup, buzzer

### **Going home from hospital**

Older people and people with dementia or delirium take longer to recover from illness than they may have previously.

### **Discharge**

Ask staff to write down any changes in medications, follow-up appointments and any other instructions that you may need. A discharge letter will be given to you to take to your GP. Accept on-going support for as long as it is available or until it is no longer required. If you feel you need help at home request to meet with the Social Worker while still in the hospital.

### **Advance Care Planning**

Advanced Care Planning is about discussing and documenting your future medical care. It is advisable to discuss and prepare an Advance Care Plan to ensure your wishes are known. It is advised to discuss this with your GP. If you or the person you are caring for, have an Advanced Care Plan take it to hospital and talk to the treating doctor about it.

### **Unplanned admissions**

It is a good idea to keep an up-to-date list of medications and dosages. An **Emergency Kit** is available from Carers NSW for this purpose.

### **Delirium**

Delirium is a common medical problem, which can happen when a person is unwell. When delirium occurs people are more confused and may be either very agitated or quiet and drowsy. Please notify staff if you notice any changes in behaviour, or if changes to behaviour have occurred on previous admissions to hospital. If a person experiences delirium it may recur if they become unwell again.

### **Helpful Contacts:**

**Alzheimer's Australia, National Dementia Helpline** - 1800 100 500

**Carers NSW** - 1800 242 636

**Commonwealth Respite and Carelink Centre** - 1800 052 222 (a/h 1800 059 059)

**Far North Coast Dementia Advisory Service** - 66206283

**Dementia Behaviour Management Advisory Service (DBMAS)** - 24hour number - 1800 699 799

### **Acknowledgements**

Australian Commission on Safety and Quality in Health Care. [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

Alzheimer's Australia

CNC Dementia & Dementia Network SSWAHS