

This form provides information about:

FULL NAME

who likes to be called:

HOW DO THINGS USUALLY WORK?

1 Sleep and rest

Night time sleep: Chair Bed **Time:** From To

What helps to settle? _____

Day time sleep: No Yes Sometimes

Where: Chair Bed **Time:** From To

What helps to settle? _____

More information

including any special comfort measures in chair or bed (e.g. to avoid pressure) _____

DATE FIRST COMPLETED

UPDATES

Section number

Date Change

2 Eating and drinking

Drinks: need to be thickened? No **Yes** ▶ Please explain: _____

Drinks preferences (including type and temperature) _____

Drinks alcohol? No **Yes** ▶ How often/when: _____

Food: Soft only Pureed only Normal

Likes (please detail): _____

Dislikes (please detail): _____

Cultural preferences No **Yes** ▶ Please explain: _____

Intolerances No **Yes** ▶ Please explain: _____

Allergies No **Yes** ▶ Please explain: _____

Help needed? Yes No ▶ **Supervision needed?** Yes No

Other information or prompts that help _____

Section number

Date Change

Section number

Date Change

HOW BEST TO AVOID FALLS

3 Getting around

| | | | | | |
|-----------------------|----|------------|-----------------------|----|-----|
| Able to stand? | No | Yes | ▶ Help needed? | No | Yes |
| | | | Supervision needed? | No | Yes |
| | | | Prompts needed? | No | Yes |

Other information or prompts that help _____

| | | | | | |
|----------------------|-----------------------------|------------|------------------------------|---------------------|-----|
| Able to walk? | No | Yes | ▶ Supervision needed? | No | Yes |
| | Needs: stick or cane | frame | to hold furniture | support from person | |

Other information or prompts that help _____

4 Falls

Previous falls in last 12 months?

No **Yes** ▶ **How many?**

Are falls becoming more frequent? No Yes

When are most falls? Day Evening Night

Where do most occur?

Any injuries _____

Any known causes (e.g. trip)

5 Avoiding falls

Please list anything usually done to help avoid falls (including equipment used such as alarm mats)

| | | | |
|-------------------------------|--------------------------|--------------------|---------------------------|
| How is help requested? | Unlikely to ask for help | Likely to call out | Likely to use a call bell |
|-------------------------------|--------------------------|--------------------|---------------------------|

Other ways ▶ Please explain

| | | | | | |
|-----------------------------|----|------------|----------|--------------|-----------------|
| Hip protectors worn? | No | Yes | ▶ Always | Daytime only | Night time only |
|-----------------------------|----|------------|----------|--------------|-----------------|

Head protector? No **Yes** ▶ When?

UPDATES

Section number
Date
Change

Section number
Date
Change

Section number
Date
Change

Section number
Date
Change

PERSONAL CARE

6 Toileting

Day time: can use toilet? No **Options used** e.g. bottle, pads _____

Yes **Any times preferred?**
Help needed?
Yes No **Supervision needed?** No Yes

Prompts that help _____

Night time: any different needs? No **Yes** _____

7 Bathing

Shower No **Yes** **How often?**
When?
Help needed? No Yes
Sit or stand? Sit Stand
Supervision needed? No Yes

Prompts that help with showering _____

Shaving No **Yes** **Type:** Electric razor Safety razor
Usual shaving routine

Dental Help or supervision needed with teeth cleaning? No Yes

Dentures No **Yes** **Top** Bottom
Denture adhesive used? No Yes
Any concerns with wearing? No Yes

Prompts, help or supervision needed with teeth/dentures _____

8 Dressing

Clothes: is any help needed? No **Yes** **Please explain:** _____

Preferences:
Supervision needed? No Yes

Prompts that may help? _____

Footwear: is any help, supervision or prompting needed? No **Yes** **Please explain:** _____
Preferences or needs:

UPDATES

Section number
Date
Change

Section number
Date
Change

Section number
Date
Change

Section number
Date
Change

HOW ARE KEY HEALTH ISSUES USUALLY MANAGED?

9 Vision

Spectacles used? No Yes ▶ When used: _____

Eye drops needed? No Yes ▶ _____
For what and when: _____

Any other vision concerns? _____

10 Hearing

Deafness? No Yes ▶ Left Right

Aids used: _____
Preferences for fitting and wearing _____

Any other hearing concerns? _____

11 Pain

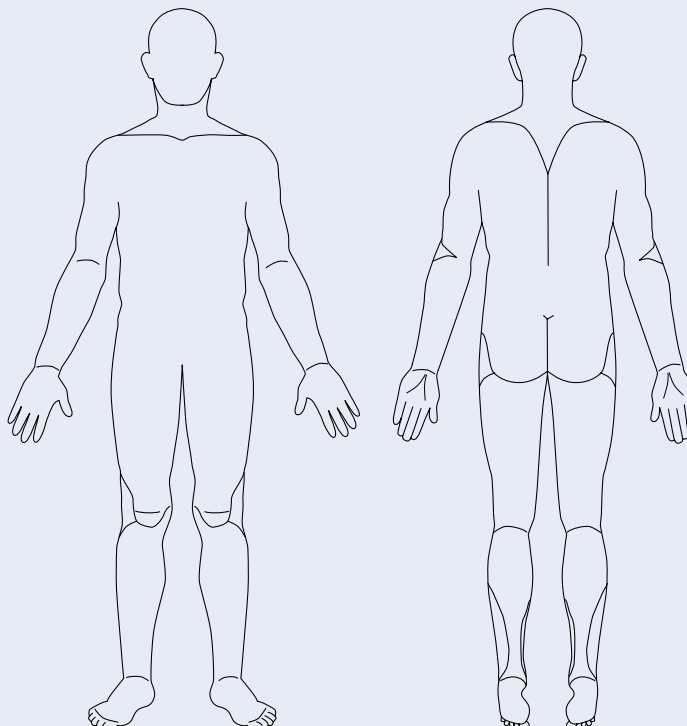
Any ongoing pain concerns?

No Yes ▶ Ways pain is shown _____

What makes it better _____

What makes it worse _____

Please click or mark with a cross on the diagram where pain occurs



UPDATES

Section number

Date

Change

Section number

Date

Change

Section number

Date

Change

Section number

Date

Change

HOW ARE KEY HEALTH ISSUES USUALLY MANAGED?

12 Usual tablets and medicines

How are tablets taken? (e.g. with milk, in jam) _____

Are any tablets crushed? No Yes **Please explain:** _____

How are liquid medicines taken? _____

It would be useful to also keep an up to date list of the tablets/medicines used by the person living with dementia with this form. The following link may be useful for this purpose: www.nps.org.au

13 Agitation

Any usual agitation?

No Yes **What triggers this?** _____

Any time of day it usually occurs _____

What makes it better? _____

What makes it worse? _____

14 Mood changes

Do distressing mood changes or other responses occur?

No Yes **Sometimes** **Often**
What happens and any known triggers

Responses from the staff that may help

Does resistance to care occur?

No Yes **Sometimes** **Often**
What happens and any known triggers (e.g. cultural issues, care from males or females, personal space)

Responses from the staff that may help

UPDATES

Section number

Date

Change

Section number

Date

Change

Section number

Date

Change

Section number

Date

Change

COMMUNICATION AND ADDITIONAL INFORMATION

15 Communication

Language(s) used at home _____

Talking Talks freely Talks little Never speaks

Preferred conversation topics/prompts (e.g. show family photos) _____

Preferred activities _____

Guidance or support needed _____

Frequent re-orientation and reminders helpful? No Yes

Any body language to look for? No Yes ▶ _____
(e.g. indicates need for toilet)

UPDATES

Section number
Date
Change

Section number
Date
Change

16 Anything else the hospital staff should know?

Recent significant events

Past hospital experiences

General 'do's and 'don't's

Other information

This form was completed by:

Name:

Preferred contact:

This form is developed based upon research that informs us of risks experienced by people living with dementia who are admitted to hospital. This page of the form provides information relating to that research and requires no action from carers. When there are evidence-based guidelines to address these risks, these are noted.

FIRST, there is substantial evidence that people living with dementia who are hospitalised are at greater risk of developing **delirium** (sometimes called acute confusion) than other hospital patients.¹⁻⁷ Most evidence is from studies conducted with older people. Sometimes people who have dementia have additional risks for developing delirium as well. For example, the use of a restraint or a urinary catheter is known to increase risk, whether the admission is for a medical illness, surgery, or for intensive care.^{3,8} Other risks factors for delirium include those related to medicines and usual alcohol use,^{3,8} the severity and type of illness and associated changes in the body (e.g. in the blood),^{3,8} vision impairment,⁸ and environmental issues such as a lack of visible daylight.³

Australian guidelines include the following recommendations to reduce the risk of delirium: **manage discomfort and pain, promote relaxation and sleep, encourage eating and drinking, avoid constipation, encourage regular mobilisation, ensure use of visual and hearing aids (as tolerated), and encourage independence.**⁸

SECOND, there is evidence that people living with dementia who are hospitalised with acute illness are at increased risk of 'adverse events' (negative outcomes) such as **falling**,^{9,10} also the **development of pressure injuries, urinary tract infections and pneumonia.**⁶

THIRD, perhaps because of the risks already noted, people with dementia are at higher risk of **staying longer in hospital** than other patients.^{11,12,13} For example, the development of delirium can lead to declines in independence, medical complications, and falls, as well as to delayed discharge.^{5,7,9}

FOURTH, hospital patients who are living with dementia are more likely to experience **distressing behavioural responses** than hospital patients without dementia¹⁴ or people with dementia living in the community.¹⁵ There is a possible association between these behavioural responses and adverse events such as falls.¹⁵

1. Travers C, Byrne GJ, Pachana NA, Klein K, Gray LC. Prospective observational study of dementia in older patients admitted to acute hospitals. *Australasian Journal on Ageing*. 2013;33(1):55–8. (II)
2. Travers C, Byrne G, Pachana N, Klein K, Gray L. Prospective observational study of dementia and delirium in the acute hospital setting. *Internal Medicine Journal*. 2012;43(3):262–9. (II)
3. Van Rompaey B, Elseviers M, Schuurmans M, Shortridge-Baggett L, Truijen S, Bossaert L, cartographers. Risk factors for delirium in intensive care patients: a prospective cohort study 2009. (II)
4. Ahmed S, Leurent B, Sampson EL. Risk factors for incident delirium among older people in acute hospital medical units: a systematic review & meta-analysis. *Age & Ageing*. 2014;43(3):326–33 (III–3)
5. Bail K, Goss J, Draper B, Berry H, Karmel R, Gibson D. The cost of hospital-acquired complications for older people with and without dementia: A retrospective cohort study. *BMC Health Services Research*. 2015;15(1):1–9. (III–2)
6. Bail K, Berry H, Grealish L, Draper B, Karmel R, Gibson D, Peut A. Potentially preventable complications of urinary tract infections, pressure sores, pneumonia, and delirium in hospitalized dementia patients: retrospective cohort study. *BMJ Open*. 2013; 3:3002770. (III–2)
7. Fick, DM, Steis, MR, Waller, JL, Inouye, SK. Delirium superimposed on dementia is associated with prolonged length of stay and poor outcomes in hospitalized older adults. *Journal of Hospital Medicine*. 2013; 8(9): 500–05. (II)
8. Clinical Epidemiology & Health Services Evaluation Unit. Clinical practice guidelines for the management of delirium in older people Melbourne, Victoria: Victorian Government; 2006.
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10. Watkin L, Blanchard MR, Tookman A, Sampson EL. Prospective cohort study of adverse events in older people admitted to the acute general hospital: risk factors and the impact of dementia. *International Journal of Geriatric Psychiatry*. 2012;27(1):76–82. (II)
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12. Lenzi J, Mongardi M, Rucci P, Ruscio ED, Vizioli M, Randazzo C, et al. Sociodemographic, clinical and organisational factors associated with delayed hospital discharges: A cross-sectional study. *BMC Health Services Research*. 2014;14(1):128. (IV)
13. Connolly S, O'Shea E. The impact of dementia on length of stay in acute hospitals in Ireland. *Dementia*. 2015;14(5):650–8. (III–2)
14. O'Connell B, Orr J, Ostaszkiwicz J, Gaskin CJ. Nursing care needs of patients with and without dementia admitted to hospital with fractured neck of femur. *International Journal of Orthopaedic and Trauma Nursing*. 2011;15(3):136–44. (III–2)
15. Sampson EL, White N, Leurent B, Scott S, Lord K, Round J, et al. Behavioural and psychiatric symptoms in people with dementia admitted to the acute hospital: Prospective cohort study. *British Journal of Psychiatry*. 2014;205(3):189–96. (II)