

# Safe hospital care for people with cognitive impairment during COVID-19

## Cognitive impairment

During COVID-19, people with cognitive impairment will still need treatment for acute illnesses. However, the unfamiliar hospital environment may increase the risk of harm.

People with cognitive impairment may be frightened by staff wearing personal protective equipment, and find infection control instructions hard to follow. Carers may not be physically present due to temporary visitor restrictions, which can affect communication about treatment preferences.

Cognitive impairment is a temporary or permanent condition that affects a person's memory, communication, attention, thinking and judgement. It can affect a person's ability to carry out daily tasks or follow instructions. COVID-19 can cause delirium. While dementia and delirium are common causes of cognitive impairment in hospital, cognitive impairment can be the result of a range of conditions such as intellectual disability, acquired brain injury, stroke, psychiatric disorders, or side effects of medications.

## Increased risk of harm

This situation may increase the risk of harm from:

- Inappropriate treatment, if they are unable to communicate their preferences
- Adverse events e.g. increased risk of delirium, falls, pressure injuries, functional decline
- Distress, anxiety and disorientation
- Attempts to leave
- Agitation and aggression leading to oversedation and physical restraint.

## Safe, high quality care

Reduce the risk of harm and provide safe, high quality care by:

- Agreeing to the goals of care through early, shared decision making
- Documenting and following the advance care plan
- Identifying and documenting the support person or substitute decision-maker
- Enabling the carer or support person to stay
- Connecting with family by video or telephone
- Seeking advice from the carer and support people on how to reduce the person's distress
- Implementing delirium prevention strategies, e.g. reviewing medications, avoiding physical restraint, maintaining hydration and nutrition, mobilising, and providing meaningful activities
- Finding out the cause of behaviour, e.g. pain
- Using non-pharmacological strategies first, e.g de-escalation techniques, quiet environment, consult experts
- Using psychotropic medicines according to guidelines and legislation – that is, only if a person is severely distressed or is at immediate risk of harm to self or others, and non-pharmacological treatments have failed. Informed consent is required, unless it is an emergency. Document the cessation or review date.

## Questions?

For more information, please visit:

[safetyandquality.gov.au/our-work/cognitive-impairment](https://safetyandquality.gov.au/our-work/cognitive-impairment)

You can also contact the Cognitive Impairment Program team at: [cognitive.impairment@safetyandquality.gov.au](mailto:cognitive.impairment@safetyandquality.gov.au)

This content was adapted from Martin-Khan M et al, 2020 [Interim guidance](#) for the care of adult patients with cognitive impairment requiring hospital care during the COVID-19 pandemic in Australia (UQ). More COVID-19 information is provided at [safetyandquality.gov.au/covid-19](https://safetyandquality.gov.au/covid-19)