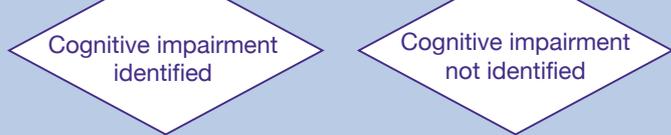


Safety and quality pathway for patients with cognitive impairment (delirium and dementia) in hospital

Be ALERT to delirium and the risk of harm

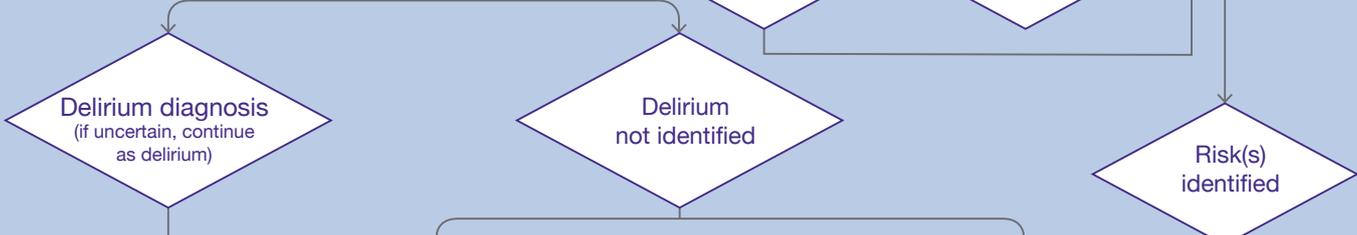
- For all patients, who, on presentation, meet one or more of the following criteria:
- age 65 and over
 - known cognitive impairment/dementia
 - severe illness/risk of dying
 - hip fracture
 - cognitive concerns raised by others

- Obtain history and/or information of any recent assessments from:
 - the patient, carer and family
 - other informants such as general practitioners, residential care and/or community care providers
- Screen for cognitive impairment using a quick, validated tool
- Identify risk factors for harm from:
 - falling (screen)
 - pressure injury (screen)
 - medicines
 - under-nutrition
 - dehydration
 - communication difficulties
 - treatment unwanted by patient



• Be alert to, communicate and act on changes in behaviour, physical or mental condition

• Assess for delirium



- Identify causes of delirium
 - physical examination
 - medication review
 - investigations
- Treat

- Undertake a comprehensive assessment of medical conditions, physical, cognitive, social, psychological/behavioural function, risk factors, existing treatments, carer needs and/or referral for follow-up

- Develop an individualised, integrated prevention and management plan, including goals of care, in partnership with patient, carer and family
- Communicate to healthcare team

• Implement an individualised, integrated prevention and management plan, in partnership with patient, carer and family

- Provide individualised care
- Prevent and/or manage delirium
- Prevent and/or minimise harm
- Manage medical issues
- Respond to behavioural changes
- Modify the environment

Recognise and respond

Provide safe and high-quality care

Safe and caring culture for patients with cognitive impairment

Key steps in the pathway

1 Be alert to delirium and the risk of harm for patients with cognitive impairment

- Clinicians are alert to delirium and the risk of harm from cognitive impairment among patients who:
 - are aged 65 and over
 - have a known cognitive impairment or a formal diagnosis of dementia
 - have a severe illness or are at risk of dying
 - have a hip fracture.
- Clinicians are also alert when the patient, carer, family and/or other key informants raise concerns.
- A patient with cognitive impairment is supported to understand and participate in healthcare decisions. Their informed consent is obtained. If the patient is assessed as unable to provide consent, their substitute decision-maker is consulted.

2 Recognise and respond to patients with cognitive impairment

- A patient identified as being at-risk is screened for cognitive impairment. The patient's history is obtained from the patient, carer, family and/or other key informants. A patient's risk of harm from falls, pressure injuries, medicines, under-nutrition, dehydration, communication difficulties or unwanted treatment is identified.
- A patient with cognitive impairment is assessed for delirium. If delirium is present, causes are investigated and treated. If uncertain, the patient's condition is treated as delirium.
- Any change in a patient's behaviour, or physical or mental condition is acted on. If changes are observed, the patient is re-assessed for delirium and other risk factors.
- A comprehensive assessment of the patient is undertaken. If dementia is suspected and a comprehensive diagnostic process is not appropriate, the patient is referred for further assessment and follow-up.
- An individualised, integrated prevention and management plan is developed in partnership with the patient, carer and family, and communicated to the healthcare team.

3 Provide safe and high-quality care tailored to the patient's needs

- The patient's individualised, integrated prevention and management plan is implemented as follows:
 - The patient receives individualised care in partnership with the patient, carer and family.
 - The patient's medical issues are managed, including treating the underlying causes of delirium, presenting condition and any co-morbidities.
 - A patient with, or at-risk of developing, delirium has strategies implemented to prevent delirium from occurring or to limit its duration.
 - A patient with identified safety risk factors has strategies implemented to prevent and manage the risks.
 - A patient with behavioural changes is appropriately assessed and strategies are introduced to reduce distress. Antipsychotic medicine is avoided unless non-pharmacological interventions have been ineffective, the patient is severely distressed and/or the patient is at immediate risk of harm to themselves or others.
 - The hospital environment is modified to provide safe and supportive patient care.
 - The patient's healthcare information and management plan are documented and communicated to the patient, carer and all relevant healthcare providers in a timely manner and in sufficient detail, on transition from hospital to the community.