Cognitive impairment:
Clinicians can take action to reduce the risk of harm

In recognition of cognitive impairment as an important safety and quality issue, the Commission has included actions in the National Safety and Quality Health Service (NSQHS) Standards and has released the Delirium Clinical Care Standard.

The steps below and the pathway overleaf are described in detail in *A better way to care: Safe and high-quality care for patients with cognitive impairment or at risk of delirium in acute care services — Actions for clinicians (second edition).*

**STEP 1:**
Be alert to delirium and the risk of harm for patients with cognitive impairment
- Know which patients you should be concerned about
- Understand the risks associated with cognitive impairment
- Understand the concepts of capacity, informed consent and substitute decision-making.

**STEP 2:**
Recognise and respond to patients with cognitive impairment
- Screen all identified at-risk patients for cognitive impairment
- Undertake a clinical assessment
- Set goals of care
- Identify the patient’s risk factors for harm
- Assess the patient for delirium; identify and treat causes; re-assess with any change

- Develop a comprehensive care plan, in partnership with the patient, carer, family member, other support person or substitute decision-maker.

**STEP 3:**
Provide safe and high-quality care tailored to the patient’s needs
- Provide person-centred care, in partnership with the patient, carer, family member or other support person
- Prevent or minimise patient harm from identified safety risks
- Prevent delirium and manage hypo and hyperactive delirium when it occurs
- Respond appropriately to behavioural changes; avoid inappropriate use of antipsychotics and restraints
- Manage the patient’s medical issues
- Modify the environment to provide safe and supportive patient care
- Document and communicate the patient’s healthcare information and care plan on transition.

Questions?
For more information, please visit: [safetyandquality.gov.au/cognitiveimpairment](http://safetyandquality.gov.au/cognitiveimpairment)

You can also contact the Cognitive Impairment Program at: [cognitive.impairment@safetyandquality.gov.au](mailto:cognitive.impairment@safetyandquality.gov.au)
Safety and quality pathway for patients with cognitive impairment or at risk of delirium

For all patients who, on presentation, meet one or more of the following criteria:
- aged 65 and over
- aged 45 and over for Aboriginal and Torres Strait Islander people
- 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
- inappropriate treatment
- the environment

Assess for delirium

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

Changes identified
- Assess for delirium
- Be alert to, communicate and act on, changes in behaviour, physical or mental state

No changes identified

Changes identified
- Assess for delirium
- Be alert to, communicate and act on, changes in behaviour, physical or mental state

No changes identified
- 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

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

Treat

Delirium diagnosis (if uncertain, continue as delirium)

Delirium not identified

Possible other cognitive impairment (refer, if required)

Known dementia or suspected dementia

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

Treat

Provide individualised care

Prevent and/or manage delirium

Prevent and/or minimise harm

Manage medical issues

Respond to behavioural changes

Modify the environment

Communicate the patient’s health care information and care plan to the patient, carer, support person and general practitioner or other relevant health care providers, in a timely manner, at transition from hospital