

# 4. Identifying and managing cognitive impairment

## Best care for older people in hospital

### What is it?

Cognitive impairment refers to an individual having memory and thinking problems. The person may have difficulty with learning new things, concentrating, or making decisions that affect their daily life. The most common causes of cognitive impairment among older people are dementia and delirium.<sup>1</sup>

**Dementia** is a general term used to describe a form of cognitive impairment that is chronic, generally progressive and occurs over a period of months to years. It can affect memory, language, perception, personality and cognitive skills.<sup>2</sup>

**Delirium** is an acute disturbance of attention and cognition where the patient experiences confusion. It is temporary and is a symptom of an underlying issue.<sup>3</sup> Delirium is often overlooked or misdiagnosed in the hospital setting.<sup>4</sup>

**Depression** is not just low mood or feeling sad, but a serious condition that needs treatment. Its symptoms can mimic those associated with cognitive impairment and it is often overlooked or misdiagnosed.

This factsheet will outline how to recognise and manage cognitive impairment.

### Why is it important?

- In the hospital environment almost 30 per cent of older people have cognitive impairment.<sup>5</sup>
- Older people with a cognitive impairment are at greater risk of:
  - malnutrition
  - dehydration
  - falls
  - hospital-acquired pressure injuries
  - developing incontinence
  - medication issues.

These risks often lead to an increased hospital stay<sup>6,7</sup> and poorer outcomes for older people.

- Screening and early recognition is vital as the first presentation of cognitive impairment can occur during hospital admission.<sup>5</sup>
- Ten to 15 per cent of older people have delirium at admission, and a further five to 40 percent are estimated to develop it during their hospital stay. Patients with dementia have double the risk of developing delirium.<sup>5</sup>
- The hospital environment can increase levels of distress and disorientation experienced by people with cognitive impairment. This can put older people at risk and be distressing for staff, carers and family.
- If unrecognised, cognitive impairment can increase the likelihood that an older person will end up in a premature placement rather than return home.

### How can you care for people with cognitive impairment?

All hospital staff have a shared role in caring for patients with cognitive impairment. Best practice informs us that all patients over the age of 65 should be screened for cognitive impairment at the first point of contact with the health service, and when they transition to another area in the hospital. It is vital that this screening is documented in the patient's medical record, and that the patient's premorbid state is taken into account.

### Screen and assess patients with cognitive impairment

- Recognise the different characteristics of delirium and dementia and rule out the possibility of depression.
- It is vital that the all patients with a delirium are thoroughly investigated for the underlying cause so it can be treated.
- Use a validated screening tool for cognitive impairment. These tools enable you to determine a

baseline, develop a person-centred care plan and implement risk management strategies. The most commonly used tools in hospitals include:

- Abbreviated Mental Test (AMT)
- Standardised Mini-Mental State Examination (SMMSE)
- Clock Drawing Test (CDT)
- Identify the presence of behavioural and psychological symptoms of dementia (BPSD) that respond to changes in the environment:
  - aggression
  - resistance to care
  - screaming/calling out/agitation
  - wandering
  - confusion
  - withdrawal.
- Always check your observations with the person's family or carer to ascertain if these BPSD symptoms are long standing or new. This will assist in developing an intervention plan and in forming a diagnosis.
- If the patient is displaying signs of agitation, consider whether they may need to go to the toilet, if they are hungry or are in pain.

### Actively engage patients and families in all aspects of their care plan

Families and carers offer a wealth of expertise and can often suggest care strategies to minimise risk of functional decline and the person's level of distress.

- Involve the family/carer in the care planning process and provide them with written information about cognitive and memory difficulties.
- Establish the patient's pre-morbid cognitive status. This will help you to determine intervention strategies.
- Be mindful that a diagnosis can be quite confronting for the individual and their family/carer.
- Screen the patient's carer/family for carer stress and refer to appropriate inpatient and outpatient support services such as the Social Work team and [Alzheimer's Victoria](#) and [Carers Victoria](#).
- Communicate clearly by using the strategies outlined in Factsheet 2. *Improving communication*.

Use these key points:

- introduce yourself
- always use the patient's name when addressing them
- make sure you have eye contact at all times
- remain calm and talk in a matter-of-fact way
- keep sentences short and simple
- give time for a response
- take the time to explain what you are going to do and why you are doing it
- focus on one instruction at a time
- repeat yourself – don't assume you have been understood
- don't offer too many choices.
- Encourage the patient and family/carer to discuss advance care planning with each other and the care team. See Factsheet *Advance care planning* for more information.

### Respond to the needs of a patient with cognitive impairment

- Adjust the immediate environment to minimise patient distress:
  - make every effort to reduce the number of times a patient transfers between wards
  - reduce stimulation
  - use diversional strategies such as engaging in a one-on-one conversation
  - situate the patient within sight of the nursing station
  - make sure the call bell is within the patient's reach
  - involve the family and carers in providing direct care.
- Engage in intentional rounding (carrying out regular checks with the patient at set intervals). Assist the patient with eating, drinking, pain relief, ambulation, regular toileting and repositioning (as required).
- Some hospitals place the [cognitive impairment identifier \(cii\)](#), the information *about me* form, and a universal falls symbol above a patient's bed, which acts as a communication tool to all staff.



**Cognitive Impairment Identifier**

- Consider whether your health service could complete an environmental audit.
  - Improving the environment for older people in health services: an audit tool
  - [Dementia Enabling Environment Principles](#).

### Monitor and evaluate a patient's ongoing care

- Document all interventions, and in conjunction with family and staff monitor whether they have been successful.
- Formally handover that the older person has a cognitive concern and any strategies that you have found helpful to respond to these concerns:
  - between nursing shifts
  - within interdisciplinary care planning meetings
  - when the patient transfers to another area of the health service.

All healthcare organisations and clinicians must practice in alignment with the National Safety and Quality Health Service Standards.

### Want to know more?

[www.health.vic.gov.au/older-people-in-hospital](http://www.health.vic.gov.au/older-people-in-hospital)

[National Safety and Quality Health Service Standards](#), 2011, Australian Commission on Safety and Quality in Health Care. <http://www.safetyandquality.gov.au/our-work/cognitive-impairment/>

[Dementia Care in the Acute Hospital Setting: Issues and Strategies](#); A report for Alzheimer's Australia, Paper 40, June 2014.

[https://fightdementia.org.au/sites/default/files/Alzheimers\\_Australia\\_Numbered\\_Publication\\_40.PDF](https://fightdementia.org.au/sites/default/files/Alzheimers_Australia_Numbered_Publication_40.PDF)

[Delirium Care Pathways](#), 2010, Department of Health and Ageing, Australian Government.

<http://docs.health.vic.gov.au/docs/doc/Delirium-Care-Pathways-2010>

See Factsheet 11. *References* for references cited in this factsheet.

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Available at [www.health.vic.gov.au/older-people-in-hospital](http://www.health.vic.gov.au/older-people-in-hospital)

## Identifying and managing older people with cognitive impairment

Screen the older person for cognitive impairment using an assessment tool such as the MMSE or AMTS



When screening the older person:  
**consider** the person's cultural and linguistic background  
**check** the person has all necessary aids such as glasses and hearing aids

If cognitive impairment is present, establish the probable cause and its effect on the treatment and care of the person



**Dementia**



**check** whether the person has a formal dementia diagnosis or if they need a referral to a specialist



**identify** and treat the cause of the delirium

Consider how cognitive impairment may put the person at risk



**implement** strategies to minimise the risk of:  
falls  
medication errors  
malnutrition  
dehydration  
pressure injuries

Adjust the immediate environment to assist the person and minimise distress



**adjust** immediate environment to minimise distress:  
**reduce** stimulation  
**use** diversional strategies  
**situate** the person close to the nursing station  
**have** the call bell within reach

Engage the older person and their family or carers in their care plan



**use** the person's name when addressing them  
**take** the time to explain what you're going to do and why  
**ask** the family/carers about changes in the person's behaviour  
**ask** the family/carers what strategies might work

Communicate the person's cognitive impairment and needs to other staff



**display** Cognitive Impairment Identifiers (CII) and 'Information about me' forms  
**document** and proactively handover the impact the cognitive impairment has on function and what strategies can be implemented to decrease these concerns