Working with Families of Hospitalized Older Adults with Dementia

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WHY: When a person with dementia is hospitalized, the family is anxious about the medical condition that caused the hospitalization and also about how the person will react in an unfamiliar setting and whether the hospital staff will be able to understand and/or provide care for the person. Many people with dementia become more confused and agitated in the hospital (Cunningham, 2006; Sampson, White, Leurent, et al., 2014). Families are often surprised and frightened by these changes and anxious about how they will manage the person at home (Boltz, Chippendale, Resnick, & Galvin, 2015). If the person lives in a care facility or attends adult day care, the family may fear that the facility or program will refuse readmission. Thus, families of hospital patients with dementia have many reasons for heightened anxiety. Spouses of hospital patients with dementia were more likely than spouses of hospital patients with other conditions, such as cancer, heart failure, and stroke, to die within the year of their spouse’s hospitalization (Christakis, & Allison, 2006).

TARGET POPULATION: Families and significant others of hospital patients with dementia.

BEST PRACTICES: Nurses should seek to work with families to improve care and outcomes for hospital patients with dementia. Three approaches are recommended:

1) Ask the family to provide information about the person’s usual functioning to help hospital staff provide care for the person. The form on the next page, completed by the family or with a nurse, can be used as is or modified by deleting questions that appear on other hospital forms or adding questions about issues of special concern. Families are the best source of information about the patient’s pre-hospital abilities in areas, such as drinking, eating, toileting, and mobility (UCSF Memory and Aging Center, Tips for Hospitalization; Nichols, 2006; Smith-Hunnicutt, 2005). Patient functioning in these areas is sometimes lost or diminished, even in a short hospital stay. The form provides a baseline that can be used to set goals for maintaining patient functioning during the hospital stay and planning restorative care.

2) Involve the family in care. While families differ in their capability and preferences about how to be involved, many are eager to help when they are encouraged to do so (Nichols, 2006; Smith-Hunnicutt, 2005). Important roles for families include giving the patient a feeling of continuity, belonging, and comfort in an unfamiliar environment; providing social stimulation; assisting with care, including drinking, eating, walking, other activities; and suggesting ways to give personal care that minimize patient agitation. A family that participates actively in care can make the difference between fear and comfort for their loved one with dementia.

3) Provide information for the family. Families differ in what they know about dementia and dementia care, and many families do not know how to provide post-discharge care for the medical condition(s) that caused the hospital admission (Nichols, 2006; Naylor, Stephens, Bowles, & Bixby, 2005). They should be encouraged to observe, participate in, and discuss care and treatments as the person with dementia often cannot understand what hospital staff communicate. Windows to the heart: Creating an acute care dementia unit. In N. M. Silverstein, & K. Maslow, Improving hospital care for people with dementia. NY: Springer Publishing Co., Inc.

MORE ON THE TOPIC:

Best practice information on care of older adults: www.ConsultGeri.org. See “Family Caregiving”


Information for the Hospital Team about a Patient with Memory Problems

PATIENT’S NAME: ___________________________________________ What does he or she like to be called? ______________________

Patient lives: ____________________________________________________________
(at home? alone, or with you or someone else? in a nursing home or other facility?)

Person completing this form: ____________________________________________
(name and relationship to the patient)

Home phone: ___________________________ Cell phone: ________________

1. Patient usually drinks these liquids best: ________________________________________

2. Patient usually drinks from a cup or glass: with a straw? or without a straw? (circle one)________________________

3. Does the patient wear dentures? ____________ If so, does the patient have the dentures with him/her? ____________

4. Patient usually eats these foods best: ___________________________________________

5. Patient eats best if he/she: (circle all that apply)
   a. is helped with tray set up
   b. is shown how to use spoon or fork
   c. is given finger foods
   d. is reminded to chew and swallow
   e. is given smaller portions
   f. is fed

6. Does the patient wear glasses? ____________ If so, are the glasses with him/her? ____________

7. Does the patient wear hearing aid(s)? ____________ If so, are the hearing aid(s) with him/her? ____________

8. Does the patient speak and understand English? ____________ If not, does the patient speak and understand another language? If so, what language? ___________________________________________

9. Does the patient express his or her needs verbally? (thirst, hunger, go to the bathroom?) ____________

10. Does the patient usually go to the bathroom alone or need help or supervision? ____________

11. How does the patient usually express pain? ____________________________________________ (verbally? facial expression? agitated body movements?)

12. Does the patient usually need help with: (Please write yes or no for each activity)
   a. Bathing? ____________ Usual bath time? ____________
   b. Brushing teeth and mouth care? ____________
   c. Getting from bed to chair and back? ____________
   d. Dressing ____________
   e. Walking ____________ Does he/she usually use a cane, walker, or wheel chair? ____________


14. How does the patient act when he or she is anxious or frightened? ____________

15. Does the patient get angry or physically aggressive? ____________

16. What helps to calm or comfort the patient at difficult times? ____________

17. Does the patient usually watch TV or listen to the radio? ____________

18. Does the patient have an advanced directive? ____________

19. Is there anything else you want us to know about the patient? __________________________

20. What else does the family want to know from the physician or hospital staff? ____________