

KAGes



# DEMENTIA

People with disorders of  
orientation and memory  
function in the hospital

Information for family  
members and sufferers

## Preface

A hospital specialises in treating acute health problems. This can include injuries following a fall or diseases, which are often accompanied by a general deterioration of health. The health care structures of an acute care hospital are greatly geared towards diagnostics and therapy, so that the people affected stay in the hospital only for as long as absolutely necessary.

**People with dementia** have very specific problems and needs in the hospital.

People with dementia do not cope very well with the fast pace of the day-to-day running of the hospital, the daily routine, the technology, the many unfamiliar people, a different diet and the unfamiliar environment. They often don't understand their situation in the hospital, don't understand the instructions they are given or are unable to follow them. For sick people, a stay in the hospital is very stressful, and they respond by changing their behaviour (depressive withdrawal, enormous fears, increased aggression) or are more likely to run away.

It is possible for the symptoms of dementia to get noticed for the first time or to deteriorate in the hospital. Whenever possible, examinations and therapies should therefore be outpatient appointments.



Because not all hospitals are prepared for the specific needs of such patients, a hospital stay is often a major challenge for the sick person, but also for their families and caregivers. It is therefore very important for everyone involved to cooperate.

Please note the following points when your family member is admitted to hospital:

## ADMISSION

- Bring the **e-card** with you as well as a **list of the medication** the patient currently takes.
- Bring important **aids such as hearing aid, glasses, dentures or walking aids**. Label them to avoid mix-ups.
- Bring any other **ID cards and documents**, such as diabetic ID, allergy passport, a copy of the patient decree etc.
- Leave **valuables at home** and only bring as much cash **as needed**.
- Let the nursing staff know about your relative's dementia.**
- It is helpful for the hospital to **have a family member as contact person**. This contact person obtains information from the hospital and passes it on to other family members. Think about who should take on this role.

Have a personal meeting with the nursing staff as soon as you get to the hospital:

## PERSONAL CONVERSATION

- As already mentioned, **point out your family member's dementia immediately**. Explain to the nursing professional what the needs of the sick person are. Discuss which needs can be met by the hospital and which needs cannot.
- Ask a staff member who your **contact persons in the hospital** are.
- Discuss with the nursing staff which tasks you can and want to get **actively involved in**.
- Find out about the **times of day when information is provided** on the ward to discuss any outstanding issues related to treatment and nursing care.

The knowledge and experience of family members can support the hospital staff. Discuss with the nursing staff which activities (personal hygiene, meals ...) you can assist your family member with.

The medical and nursing staff do what they can to make the stay of people with dementia satisfactory for the patient. Family members can contribute by ensuring a pleasant atmosphere in the hospital room.

## DURING THE STAY

-  If possible, **accompany the sick person** to examination and treatment appointments.
-  **Your presence** is important for the affected person and the nursing staff; it gives security.
-  **Be persuasive**, for example by explaining to the sick person why things are done, or by explaining to the nursing staff the patient's utterances and reactions.
-  As a care-giving family member you know the person best. If their **behaviour seems unusual, notify the nursing staff**. The affected person may be suffering from acute confusion, also known as delirium, which needs to be treated.

## ORGANISING THE STAY

-  **Bring things the sick person likes to use.**
-  Place **personal items**, such as a photograph of the family, next to the bed, or put a personal item on the bed (a small cushion, their own nightwear, ...). This allows the patient to find their bearings more easily.
-  **Discuss your visits with other family members**, so that no more than two visitors are there at a time.

Because of their dementia, the patient's experience of a visit is not the same as the visitor's experience. They often have no sense of time and usually they have problems focusing. But they don't like to reveal this to visitors. They try really hard to present themselves in a positive light. This is very tiring, and their behaviour can change; they can become irritable and restless, some people cry or express the desire



You can find out more about delirium in the folder **"Delirium. Acute states of confusion in patients."**

to go home. It is therefore advisable to **keep the visits short**. Short **activities that involve some kind of experience** are best, e.g.

- going for a walk together to promote tiredness;
- eating together;
- looking at newspapers together, or at post you have brought with you, at a book, a photo album or a magazine;
- watching TV together (animals films rather than news or action films);
- reading to the patient;
- playing games (cards, board games, ...).



Information about what's happening outside the hospital (where you come from, what's happening **at home** etc.) could be a problem for the sick person. The patients live in their own world and don't understand very well what visitors tell them. They are good at remembering what happened when they were younger, but they find it difficult to remember more recent events or previous visits (e.g. "I was here yesterday ...").



## COMMUNICATION

- Make sure the **necessary hearing and visual aids** are used.
- People with dementia find it difficult to make decisions or weigh up suggestions. They feel overwhelmed by multiple questions. **Ask direct questions**, e.g.: "Would you like some coffee?" or "Would you like a piece of cake?" These **individual questions** can be answered with a simple "yes" or "no".
- Do not ask **any why-questions**.
- Talk about **familiar things** (e.g. job, pet ...).
- Use **simple and short sentences** that contain only one piece of information.

- Give them time to answer.  
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- Talk in a **familiar way** (local dialect) and talk slowly.  
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- Do not **ask about facts** (e.g. “What date is it?” ...), if possible.  
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- Do not point out **deficits**.  
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- **Avoid discussions with your family member/ the person you’re talking to. Because their perception has changed**, the sick person is often unable to follow you and may perceive your words as threatening.  
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## LOSING ITEMS

People with dementia often forget where they have put things. Sometimes they accuse others of having stolen the missing item. This behaviour is due to uncertainty and a fear of having lost control or memory.

Our staff always try to meet your family member’s needs and watch out for the patient’s possessions. We are not always able to prevent items or medical aids getting lost; thank you for your understanding.

## DISCHARGE FROM THE HOSPITAL

Ask the attending doctor about the possible discharge date as early as possible. Ask for a discharge management contact person and make an appointment for a discussion, if you like. Ask the nursing staff or therapeutic staff what care and support the patient needs after their hospital stay.



### THE FOLLOWING ISSUES SHOULD BE RESOLVED BEFORE THE PATIENT IS DISCHARGED:

- Can you and do you want to **arrange care and support at home**?  
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- How can the care and support **at home be organised**?  
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- What can you as a family member do yourself and what do you **need help** with?  
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- Is it advisable for the patient to stay in a **temporary care facility** so that there is time to organise the difficult care at home?  
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- Are there any **nursing homes** in your area or **day care facilities** that your family member could stay in?  
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# These checklists simplify your family member's stay



## THE HOSPITAL STAY

The nursing staff know about your family member's dementia.

You talked to the hospital staff about which care tasks you can and want to do.

You talked about the allocation of responsibilities with your family.

You know your contact person in the hospital.

The hospital staff know the family contact person.

The sick person does not have any valuables on them.

You can use these checklists to make sure you have thought of everything you need to pay attention to and bring with you when your family member is admitted to the hospital.



## THE FOLLOWING IS AVAILABLE:

e-Card

Important aids, such as hearing aids, glasses, dentures or walking aids

Clothes, toiletries, personal items

List of medication currently taken

List of any drug intolerances

ID cards: allergies, diabetes, blood type ...

Personal care and support information for hospital staff

Patient decree, health care proxy (if any)

Other documents relevant for their care (if any)



## NOTES

*A young man who cared for his father who suffered from Alzheimer's was asked the question: "Does your father still know that you are his son?"*

*The young man replied: "That's not important. What's important is that I know that he is my father!"*

(author unknown)

## KAGes project team: "People with cognitive impairment / dementia in hospital"

**University Hospital Basel (USB) and Swiss Alzheimer's Association (2009):** Confused and dementia patients in the acute care hospital. Information for friends and family. [http://www.migesplus.ch/fileadmin/Publikationen/ALZ\\_Broschuere\\_D\\_def.pdf](http://www.migesplus.ch/fileadmin/Publikationen/ALZ_Broschuere_D_def.pdf) (19.01.2015)

**Swiss Alzheimer's Association (2009):** Dementia patients in the hospital. [https://www.unispital-basel.ch/fileadmin/unispitalbaselch/Ressorts/Entw\\_Gesundheitsberufe/Abteilungen/Projekte/Praxisentwicklung/Basler\\_Demenz/spitalaufenthald.pdf](https://www.unispital-basel.ch/fileadmin/unispitalbaselch/Ressorts/Entw_Gesundheitsberufe/Abteilungen/Projekte/Praxisentwicklung/Basler_Demenz/spitalaufenthald.pdf) (19.01.2015)

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