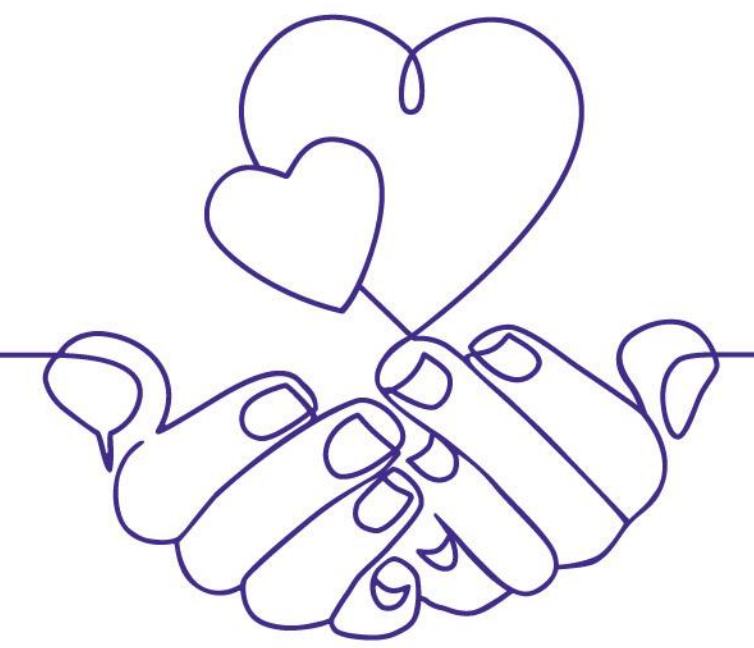




# Using Non-drug Based Treatments to Support the Wellbeing of People Living with Dementia

Zoe Chapman, Safeguarding and Vulnerabilities Nurse Specialist for  
Dementia at United Lincolnshire Hospitals NHS Trust



# United Lincolnshire Hospitals Trust

Covers the whole of Lincolnshire across 3 acute hospitals

We are one of the biggest acute hospital trusts in England, serving a population of nearly 740,000 people.



# Safeguarding and Vulnerabilities Nurse Specialist for Dementia

- A new role within the Trust in 2022
- I have an oversight of dementia across the Trust and co work to support all divisions and developing relationships with other Trusts and third party sector in Lincolnshire
- Developed to support patients, carers/family as well as staff with dementia.
- Strategic perspective



# Identifying the cause of confusion

- Patients who have come into hospital are often labelled as having dementia purely on the fact that they have some level of confusion.
- A delirium pathway was developed to support staff in recognising a delirium as well as using PINCH ME stickers to identify and treat the cause.
- This has helped staff to understand a persons confusion as well as ensure we are treating appropriately.

### Delirium on Hospital Wards: Identifying Patients at Risk, Screening and Next steps

- Identify the patient at risk of developing delirium**  
 Over 65 years or any of the following:
- Pre-existing cognitive impairment (eg. Mild cognitive impairment 4AT 1-3 or dementia)
  - Previous delirium
  - Other brain disorders (head injury, stroke, Parkinson's disease)
  - Functional dependence or frailty
  - Poor mobility
  - Poor nutrition
  - Visual or hearing impairment
  - Depression
  - Major trauma/hip fracture
  - Multiple co-morbidities
  - Severe medical illness/infection (NEWS>6)
  - Urea and electrolyte imbalance
  - Alcohol/substance misuse
  - Polypharmacy and/or high risk medications (eg. Benzodiazepine) medication withdrawal

Patient admitted to the ward

Check ED 4AT score. Has the patient a possible delirium?

- Screening for Delirium**
1. Complete Confusion CQUIN and CAM on admission to the ward for all patients at risk of delirium
  2. Screen at risk patients daily for delirium.
  3. Document delirium status each day on daily nursing documentation forms.

**Delirium screening negative**

- Daily screening
- Continue to address risk factors

Patient is already diagnosed as having delirium in ED

**Delirium screening is Positive**

- Document result
- Ensure treating team are aware of result

- Assess for possible causes of Delirium (See PINCH ME)
- Identify and treat all possible risks/precipitants\*\*\*
- Reassess for resolution/persistence every 24-hours
- Monitor symptoms
- Once resolved resume daily screening for reoccurrence
- Consider need for MCA/DOLS
- Follow local protocol for accessing expert delirium assessment

- Extra tips for caring for a patient with possible or proven delirium**
- Explain gently what is happening
  - Smile and make eye contact to reassure
  - Consider enhanced care by a suitable staff member
  - Encourage familiar faces – staff and family
  - Limit ward and bed moves
  - Consider all non-pharmacological interventions to reduce symptoms
  - Only use medication to manage symptoms with senior decision maker input
  - Communicate with family/carers, offer patient information leaflet
  - Record delirium diagnosis in EDD for the GP.

After 24 hours if medication is still required, regular antipsychotics may be needed.  
**USE SHORT TERM FOR ONE WEEK OR LESS**  
 Review QTC. If <470mmol/l  
 1<sup>st</sup> line: Quetiapine 25mg OD or BD depending on time or agitation  
 2<sup>nd</sup> line: Olanzapine 2.5mg OD or BD not for Dementia with Lewy Bodies or Dementia with Mixed Bodies  
 3<sup>rd</sup> line: Risperidone 250micrograms OD or BD not for Dementia with Lewy Bodies  
 If QTC >470mmol/l or antipsychotics contraindicated: use Lorazepam 500 micrograms PO OD or BD.  
**CONTACT CONSULTANT OR SEEK SPECIALIST HELP IF LONG-TERM ANTIPSYCHOTICS REQUIRED.**  
**ANTIPSYCHOTICS SHOULD BE PRESCRIBED FOR A MAXIMUM OF TWO MONTHS**

- Assess for Potential Causes of Delirium: 'PINCH ME'**
- P**- Is the person in pain? Has urinary retention been excluded?
  - I**N- Infection: is there a possible infection? Refer to sepsis pathway as appropriate.
  - C**- Constipation: When was last bowel movement?
  - H**- Hydration/nutrition: is there a major electrolyte imbalance? Has hypoxia, hypotension, hypoglycaemia been considered?
  - M**- Medication: omission of regular medication or addition of new medication
  - E**- Environment: change of environment, noise or activity levels impacting sleep/rest

\*\*\*If causes are not reversible, consider need for palliative management.  
 Review CD1 for guidance on medications once all non-pharmacological methods have been utilised.

Clinical algorithms are for reference only and do not replace clinical judgement

Version 2

- Strategies for delirium prevention/management.**
- Avoid new sedatives
  - Avoid chemical and physical restraint
  - Avoid use of urinary catheters where possible, encourage regular toileting
  - Ensure adequate fluids/nutrition and access to drinks/snacks, use food and fluid charts
  - Avoid constipation, ensure bowel chart commenced
  - Promote relaxation and sufficient sleep in a quiet area
  - Encourage and assist early and regular mobilisation. Consider need for physio referral
  - Provide own hearing aids and glasses (clean and working)
  - Encourage/allow family member/carer to stay with the patient
  - Encourage independence with ADLs, consider OT referral
  - Assess and manage pain using dementia friendly pain score where applicable (Abbey pain scale)
  - Medication review

## DELIRIUM Pathway

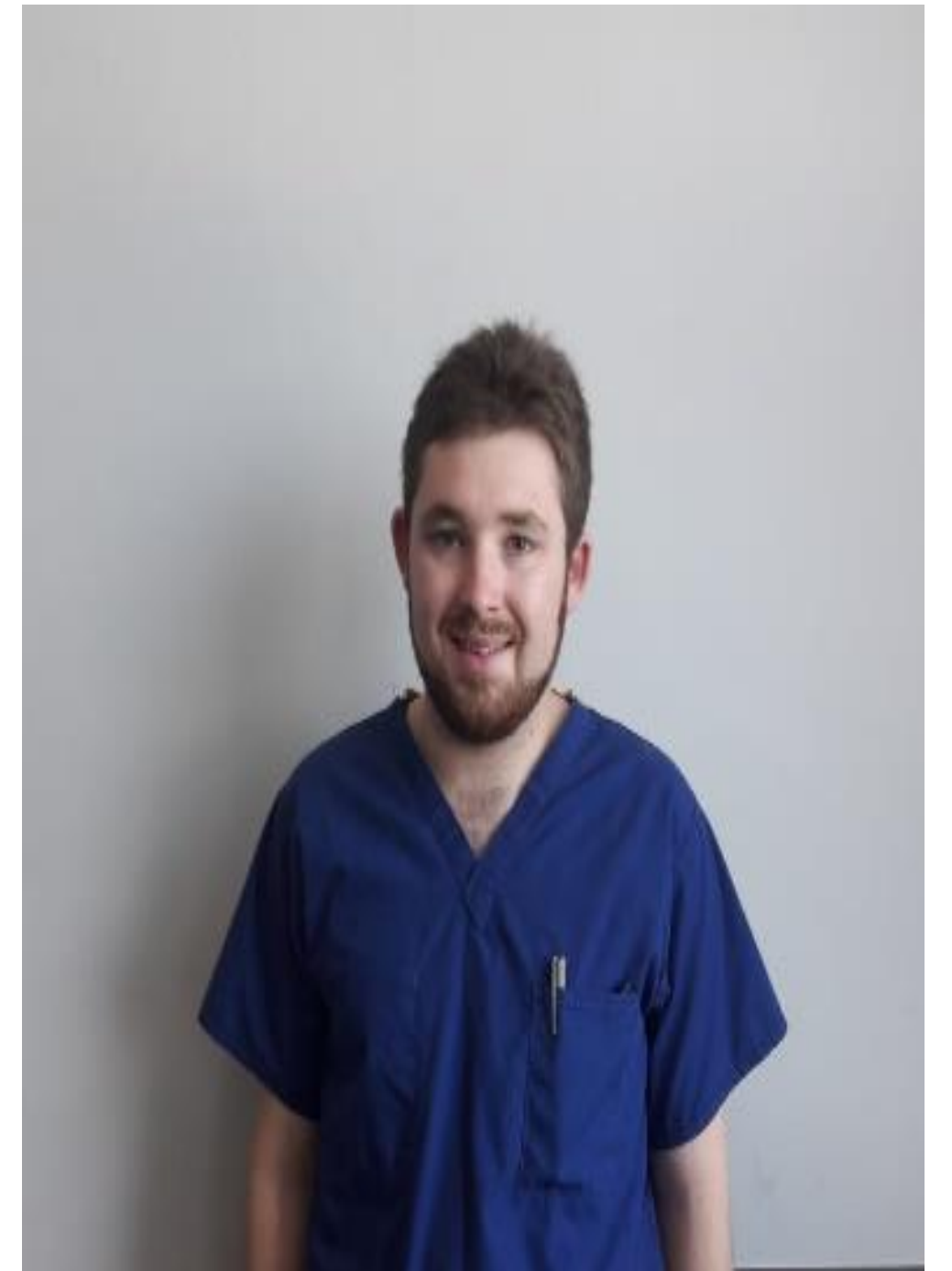
- P**ain – is the patient in pain.....yes\*/no
  - cause and analgesia reviewed.....yes/no
  - I**Nfection – is there a possibility of infection.....yes\*/no
  - Refer to Sepsis pathway.....yes/no/na
  - C**onstipation – is the patient constipated.....yes\*/no
  - Laxatives prescribed if appropriate.....yes/no
  - H**ydration/nutrition – is there a major electrolyte imbalance?.....yes\*/no
  - Has hypoxia, hypotension, hypoglycaemia been ruled out.....yes/no
  - M**edication – any omission of regular medication .....yes\*/no
  - any addition of new medication..... yes\*/no
  - E**nvironment -change of environment, noise or activity levels impacting sleep/rest .....yes/no
- If \* refer to Drs for review
- Continue to follow the delirium pathway daily

Name..... Signed..... Date.....

Version 2

# Dementia Support Practitioners

- Pilgrim and Lincoln have a Dementia Support Practitioner who support the identification of patients who have a diagnosis, or suspected diagnosis of dementia and support communication between patient, family and staff to ensure reasonable adjustments are made as well as making the person feel as comfortable as they can whilst in hospital.
- They often liaise between family, carers and ward staff to build a rapport and good communication as well as offering them support and guidance ready for post discharge.



# Reasonable adjustment examples

- Changes to a hospital routine to accommodate the patients normal routine at home
- Times they take medications
- Main meal time
- Alternative menus
- Personal care routine
- Sleep routines
- Carer support on ward
- RITA

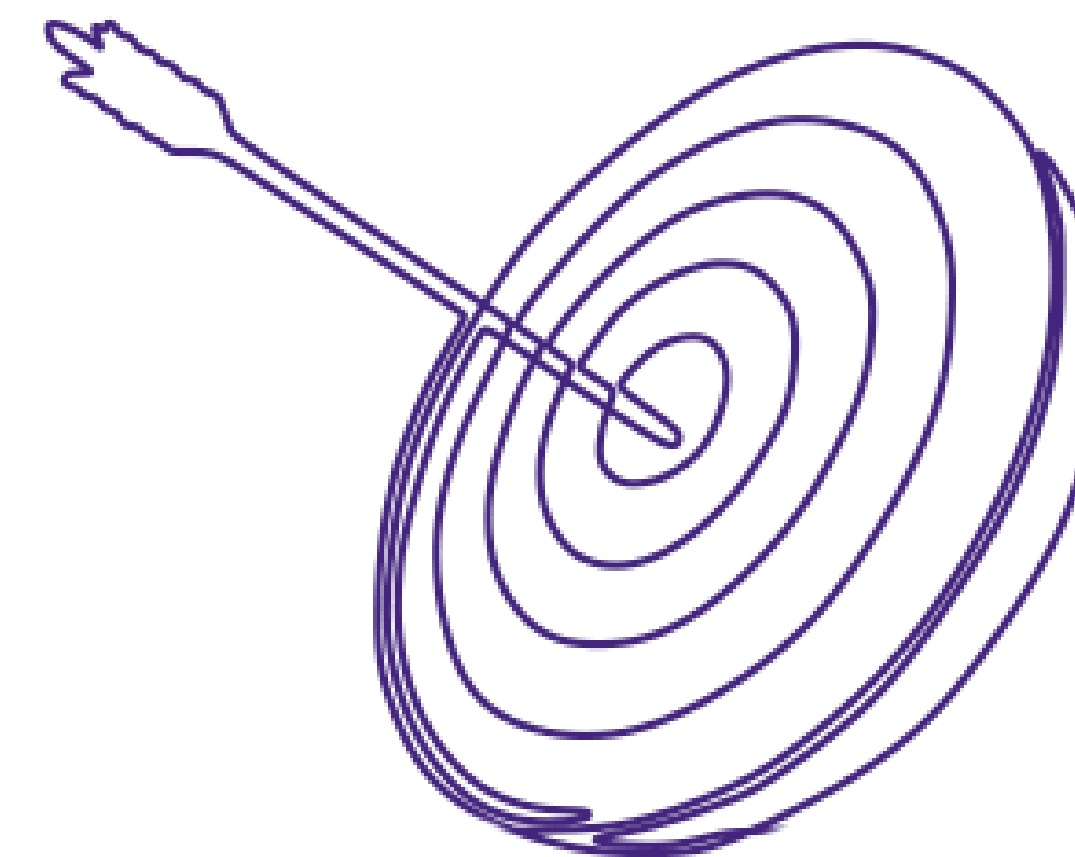
# Dementia Distraction Boxes

Each ward environment across the Trust has a distraction box. Funding for these is supported by our hospital charity.

The Boxes are full of a variety of activities and tools to support patients who may need a little more stimulation or interaction.

Some activities are for independent use, others can be done with staff, other patients or family/carer

These boxes are in the process of being developed to have more engagement activities as well as more sensory items to help in the challenges of a hospital setting.



In the boxes we currently have:

Fiddle Mitts

Colouring

Puzzles

Jigsaws

Books

Money and purses

Poppits

Threading reels

Shakers

Building Blocks

Conversation starters

Games such as snap, dominoes, cards

Communication aids – magnifier card,  
pictures, spare All About Me



# RITA

- Stands for Reminiscence/Rehabilitation & Interactive Therapy Activities
- all-in-one touch Screen solution which offers digital reminiscence therapy which is a relatively new tool in the fields of nursing and healthcare;
- User-friendly interactive screens to blend entertainment with therapy to assist patients (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke and watching films.

- In November 2022 UHLT invested over £86,000 in 40 (20 large and 20 handheld) RITA devices.
- Primarily these are used for our patients who have dementia but actually has huge benefits for any patient group who may be distressed or anxious whilst in hospital.
- The new, upgraded devices have many more activities available from films, cartoons and musicals from different genres and decades.
- Similarly with music – different genres and ages and now includes a karaoke platform so no excuse for not joining in!
- There is also a wide variety of books, games, puzzles as well as images and relaxation.
- We can even take photos and use these for jigsaw puzzles, or to make cards we can then email out to families direct from RITA.
- Another amazing tool on RITA is a voice over – for those patients who frequently ask where a loved one is we can take a photo of said person, and we can then add a message over the top – this can even be done over the phone if that person cannot visit the hospital to offer reassurance through a familiar and often comforting voice.
- Often the first tool staff will try with a patient who is showing signs of distress, agitation or fear



## Patient Benefits

- Promotes person-centred care
- Reconnects families with their loved ones
- System capable of virtual visits offering calming when relatives leave the hospital
- Relatives become involved and learn more about their relative
- Provides triggers to elicit conversation
- More interest around mealtimes helping with their nutrition and hydration
- Less boredom
- Opportunity to become involved in Group exercises and removing social isolation.
- Helps with confidence and trust
- Armchair exercises helping with overall health and wellbeing

## Hospital Benefits

- Reduces falls
- Reduces LoS and DToC  
Helps with Nutrition and Hydration
- Purposeful Occupation
- Useful as a Decision Tool in de-escalating problems
- Promotes valuable Patient/Carer interaction
- Helps reduce social isolation
- Reducing agitation/calms and stimulates
- Helpful in Stroke/Rehab/Renal Units
- Helps with staff morale/retention/turnover
- Back Office system providing usage information.
- Valuable for CQC Audits.
- Supports Quality Improvement Programmes.
- Monitors Health & Wellbeing

# All About Me

My name is:  
I like to be called:

Please add a photograph of yourself here

**All About Me**  
www.allaboutme.lincs-trust.nhs.uk

This book contains key information about me that will be helpful in any health or social care setting.

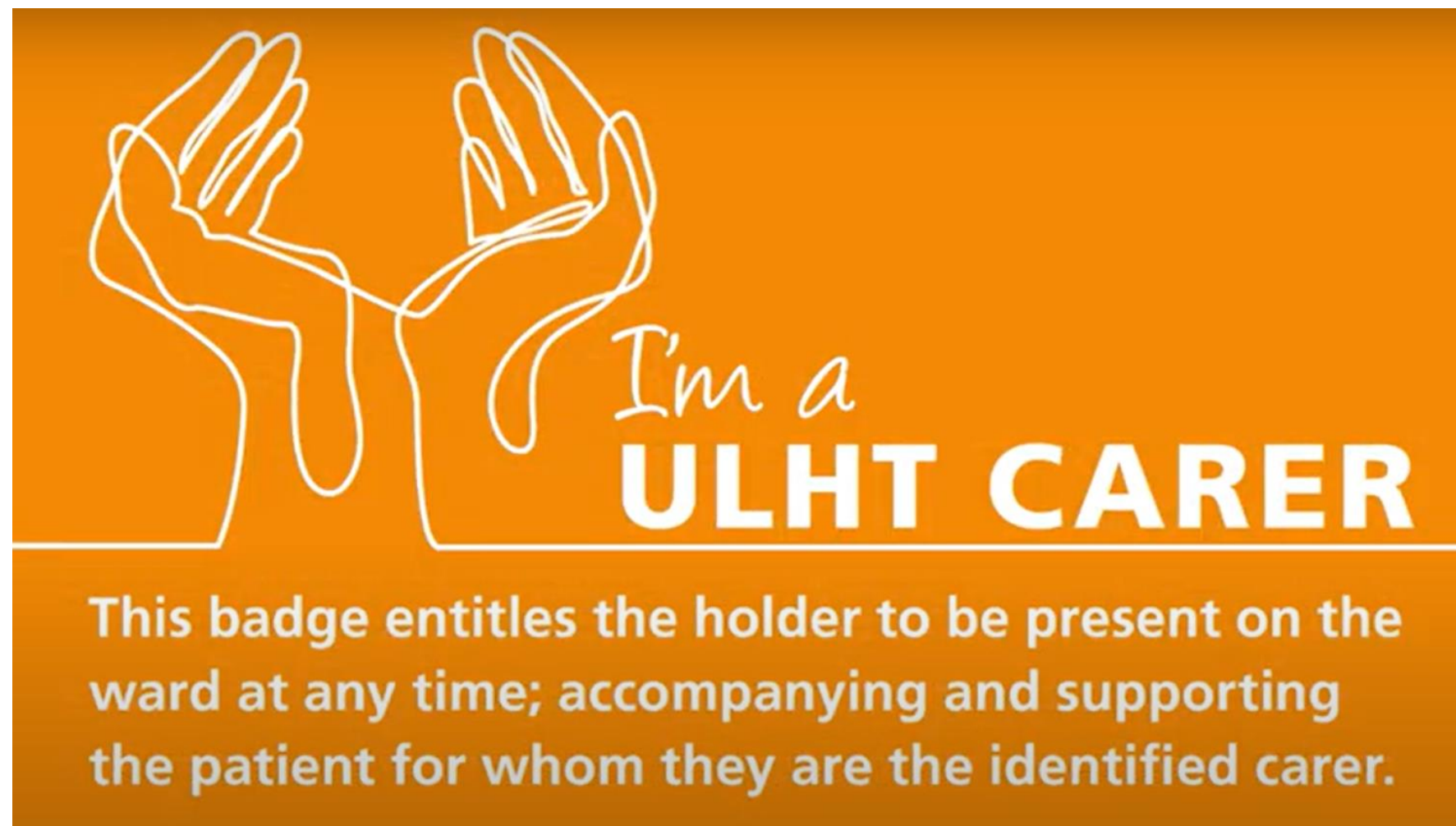
Last updated (date)  
Completed by

Please keep this book with me at all times and ensure that I take it home with me.

United Lincolnshire Hospitals NHS Trust

- Our current version was designed by the trust 10 years ago
- Allows staff to get to know their patient, be able to effectively communicate and a good understanding of what that patient is like, what works and doesn't work for them.
- The idea is that during a shift staff should be able to read every page, looks at what is important to them, eating and drinking, personal care, medication, sleep , pain etc.
- This document should follow the patient wherever they go, during admission, on discharge, care settings etc.
- We are working with partnership services to develop a new version to greater enhance the care our patients, with communication challenges, not just those with dementia receive.

# Supporting Carers



- ULHT is signed up to John's Campaign
- Carers are an invaluable partnership in supporting people who have dementia whilst in hospital an emphasis has been added to carers being partners in care.
- Dementia Carers Expert Reference Group, which is being linked into a Carers Reference Group.
- Developing the Carers Hub at Pilgrim Hospital

# Case Study

- Meet Mr Smith, a 86 year old gentleman that was admitted due to a fall whilst on holiday with his family.
- He has a diagnosis of dementia and following the fall he fractured his hip and developed post op delirium.
- Our Dementia Support Practitioner met Mr Smith when he was admitted to the orthopaedic ward.
- Mr Smith was a little more confused than normal so he liaised with the family as well as Mr Smith to produce an All About Me, to find out what his needs are, what he likes, doesn't like and how best to support whilst in hospital to maintain independence as well as keep him calm.
- What did we find out?
- What did we do?

# Future Projects

- Dementia care bundle
- PBS – Positive behavioural Support
- Ward designs
- Training for all staff regardless of role
- Dementia areas within HCOP wards