

Care on a hospital ward

People with dementia may be admitted to general hospital wards either as part of a planned procedure such as a cataract operation or following an accident such as a fall. Carers and hospital staff can do much to help the person with dementia adapt to this strange new environment. This information sheet covers some of the issues that should be considered and explains the standards of care that people with dementia and carers should expect.

A person with dementia will be admitted to a general ward because of a particular illness or condition that requires treatment, not because of their dementia. Many people, understandably, assume that ward staff will be aware that the person has dementia, or that they will automatically be told. However, this is not always the case and it is generally best to assume that ward staff do not know that the person has dementia and do not know what the effects of dementia can be on a person.

For this reason, it is helpful if carers can give staff information on dementia and suggest ways of assisting the person with dementia and communicating with them. This will help to make it easier for ward staff to ensure that the person with dementia is comfortable.

Help from hospital staff

Carers may have questions about hospital arrangements and about the person with dementia's treatment and progress. Staff should be happy to discuss such issues and should ensure that carers feel confident and comfortable approaching them with any questions. If staff seem too busy to talk, carers should ask to have a chat or make an appointment. An appointment will give staff time to gather relevant information and they will be more likely to give their full attention to the matter.

A named nurse, who is always a trained nurse, will be responsible for co-ordinating the person's care. If this nurse does not suggest a meeting with the carer on admission, a meeting should be arranged as soon as possible. This will enable carers and hospital staff to discuss any concerns and should provide a good basis for future communication. Most problems can be sorted out through the named nurse.

If the carer wants to discuss the person's condition or treatment in more depth, they should ask to make an appointment to see the doctor or the consultant.

Some hospital trusts provide a mental health service. Assessment and advice by a member of this team can help nursing and medical staff manage any difficulties the person may be experiencing as a consequence of their dementia. Carers who are concerned that their friend or relative's condition is deteriorating with respect to their dementia may want to make an appointment with the mental health team.

It may also be helpful for carers to make an appointment to see the hospital social worker. The social worker can advise on a range of matters, such as: problems getting to and from the hospital to visit; benefits; residential and nursing care; help at home; and the person's situation as a carer. A carer who has any relevant problems such as illness, disability, stress or other commitments that may affect their ability to visit or to continue to care should talk these through with the named nurse or the social worker.

Information about the person with dementia

It is important that all staff are aware of the person's dementia. The named nurse should explain to other members of staff how dementia can affect the person's behaviour and communication. It is important that the named nurse knows what the person with dementia wishes to be called. All staff must call the person by the name they are used to and prefer.

It is very important that all staff realise how disorienting the hospital environment can be for a person with dementia, and how this may make the person appear more confused than usual. The person with dementia will need reassurance along with timely and sensitive support.

Sometimes, information given verbally to busy staff may be forgotten or not passed on to people on other shifts. Even if the person with dementia has come from a residential or nursing home, the home may simply give information verbally or the care plan may not include all the information that staff really need to have.

For this reason, carers may like to write down important information about the person before they speak to the staff at the hospital. This written information can be given to the named nurse at the first meeting and should be held in the person's notes. It is important not to include too much information or staff will not have time to read it; one side of A4 paper is quite enough. The information should include:

- The name the person wishes to be known by

Brief details of their normal routines, including whether they need reminders or support with washing, dressing, going to the toilet, eating and drinking or taking medication

- Information on foods they particularly like or dislike or any difficulties they have eating
- Illness or pain that may bother them
- Any cultural or religious needs
- Information on their sleeping patterns
- Whether they like to be active or walk about and what can calm them when they are agitated.

It may be helpful to include some tips. For example:

- It helps if people talk slowly and give one piece of information at a time.
- They are more likely to understand if people maintain eye contact while they are talking.
- They can feed themselves with a spoon if someone cuts their food up.
- They often rock and hold their tummy if they are in discomfort or pain.

It may also help staff to communicate and gain more insight into the person with dementia if they have details of close family members, pets, whether the person lives with others or alone, their past occupation and particular interests.

Staff may be anxious about a person who frequently walks around the ward. If this is likely, carers should explain the situation to staff. If the person with dementia finds it comforting to walk around and is not in any danger, staff should not discourage them. Carers may need to explain what degree of supervision is required and they could also emphasise the benefit of involving the person in suitable activities on the ward.

Staff should be made aware that the person with dementia may not recognise where the bathroom, dining room or their bed is. Familiar markers can be helpful - for example, a coloured blanket that the person recognises on their bed. Some wards have pictures on the bathroom or dining room door to remind people what the rooms are for; this can be very helpful.

How carers can help

Staff and carers need to establish a good working relationship in order to support the person with dementia in the best possible way. If the carer would like to help with their friend or relative's personal care, perhaps taking them to the toilet or supporting them at mealtimes, they should discuss this with the named nurse. The nurse will ensure that all staff are aware of the carer's assistance and they will probably be very glad of some help.

Other ways in which carers can help might include:

- Cleaning spectacles and checking on hearing aids
- Making sure clothes are discreetly labelled in case they are mislaid.

The person with dementia may miss their normal activities and routines, and get bored. Carers can help by thinking of enjoyable pastimes to occupy the person's time when they don't have visitors. These might include:

- Listening to favourite tapes on a personal stereo
- Looking at a scrap book or photograph album
- Looking through a handbag or container of interesting items.

Providing reassurance

Familiar objects can be very reassuring for a person with dementia when they are on an unfamiliar hospital ward. For example:

- A photograph on the bedside table of family members or a much-loved pet can provide staff with a good talking point.
- A bright dressing gown or cover from home can help the person recognise his or her own bed.
- A cuddly toy, if they are already attached to one, can be comforting.

If the person still reads, they may like a notebook for messages. Staff can write down in it any telephone messages the person receives, and carers can write down when they or other friends and relatives are next visiting.

Noise and bustle on the ward can add to the person's confusion and heighten levels of anxiety or agitation, particularly at busy times such as ward rounds or visiting hours. It might help if there is a quiet room or day room that the person can visit to get away from the bustle and relax in peace.

Eating and drinking

Mealtimes in a busy hospital environment can be difficult and stressful for a person with dementia. Staff should be made aware of any difficulties a person has at mealtimes and of how they can help. A person with dementia should be given the option of eating in the dining room, if there is one, or at their bedside if this is what they prefer.

Staff should be sensitive to a person's needs at mealtimes. They should not assume that the person isn't hungry or doesn't want their food if they don't seem keen to eat it. Some people with dementia cannot eat their food without reminders and prompts at mealtimes. Staff should be advised if such support is necessary.

Staff should help the person with dementia to eat if necessary. An occupational therapist can provide adapted eating aids, such as large handled cutlery or plate guards, to help the person eat independently. The named nurse can contact the occupational therapist who will come to the ward and discuss such needs with the person with dementia, nursing staff and carers. Staff may be extra busy at mealtimes and be grateful for any assistance that carers can provide with helping their friend or relative to eat. Carers should discuss this with the named nurse.

Staff should be aware of any problems that the person with dementia may have choosing their food. It may be that a large print menu is easier for them to read; this format is available in many hospitals. Staff may need to take time to describe the meals on the menu as they are often ordered in advance so people can't see what is on offer on the day. Alternatively, the carer may wish to help the person make this choice.

If the person has difficulty swallowing, they should be assessed by a speech and language therapist. Food may need to be provided in a soft or pureed texture. It is the responsibility of hospital staff to ensure that pureed food is only given when appropriate, and efforts should be made to present it in an attractive manner.

If the person is not eating well or is losing weight, the named nurse should contact the hospital dietitian. Carers can arrange to be there when the dietitian visits. The dietitian will co-ordinate a nutritional care plan with nursing and catering staff. This may involve prescribing high energy drinks or specific foods. If carers want to bring food into the hospital for the person with dementia, they will need to discuss this with the nurse and dietitian. There are usually specific regulations about what types of food can be brought onto the hospital ward.

Some people with dementia may not want to eat and drink if they are very unwell. 'Tube feeding' may be suggested as a means to help a person receive food and fluids. The terms nasogastric or gastrostomy (PEG) tubes are often used. Carers should air any concerns or queries about what this involves with the doctors and the dietitian. The decision to tube feed should only be made respecting the wishes of the patient and in full discussion with relatives.

Medication

Doctors should be prepared to discuss the person's medication with their carers. Sometimes people with dementia are prescribed sedative medication, which may make them more confused. It may be possible to reduce the dose or stop the medication altogether and carers should discuss this with the doctor if they have any concerns. The person with dementia and their family and carers should be told about any changes in medication.

Complaints

Carers or friends of the person with dementia should discuss any problems with the person's treatment or care with the named nurse first. The named nurse should explain why things went wrong and how they will be put right. People wanting to complain about care should bear the following points in mind:

- Try to start on a positive note by mentioning something you have appreciated about the person's care.
- Make it clear that you appreciate that mistakes or misunderstandings do happen.
- Try to make the complaint specific - for example, you came in on three occasions and the drugs placed on the table had not been taken. It may help you to have the details written down.
- Try to stay calm.

If it is not possible to sort the problem out on the spot, it is a good idea to keep brief notes, as it is easy to forget details. The notes should include:

- What occurred and when
- Who you contacted or discussed this with and what their response was.

If the problem still cannot be resolved, carers can ask to see the ward manager or make an appointment with the consultant. Alternatively, they may prefer to discuss their concerns with the patient advice and liaison service (PALS). PALS acts on behalf of patients and families and liaises with hospital staff to help resolve problems and concerns quickly. All NHS trusts have a PALS; the hospital should be able to provide a contact number, as can NHS Direct or the local GP surgery.

End of life issues

If the person is in the last stages of life, carers may want to stay with them outside visiting hours. In this situation, carers should discuss possible arrangements with staff.

Depending on the nature of the person's illness, carers may need to consider their views on resuscitation. Doctors may ask about this if the person is likely to have a heart attack, for example. It may help to talk it through with family or friends. The medical team and consultant should always discuss such issues and decisions with carers, and be prepared to explain any terminology they use.

Discharge

Carers should make it clear to the named nurse and social worker from the start that they need reasonable notice before the person is discharged so that appropriate arrangements can be made. The social worker can advise on the suitability of residential or nursing care or on ways of helping when the person returns home. An occupational therapist can assess the home environment to advise on any aids to help support the person living at home.

If the person has had specific advice and input while on the ward from a dietitian (for example, about nutritional supplements or tube feeding) or from a speech and language therapist (regarding swallowing difficulties), follow-up care should be arranged. Contact numbers should be given to the named carer for further review once the person is back in the community.

Further reading

Dignity on the ward: improving the experience of acute hospital care for older people with dementia or confusion - a pocket guide for staff

This booklet has been produced by the Royal College of Nursing and Help the Aged. It provides practical information on caring for patients with dementia and acute confusion on hospital wards, including a list of key do's and don'ts. It is available from Help the Aged on 020 7278 1114.

We can provide a list of further reading on request. Please contact the librarian at the Alzheimer's Society national office on 0207 423 3575 or email library@alzheimers.org.uk.

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