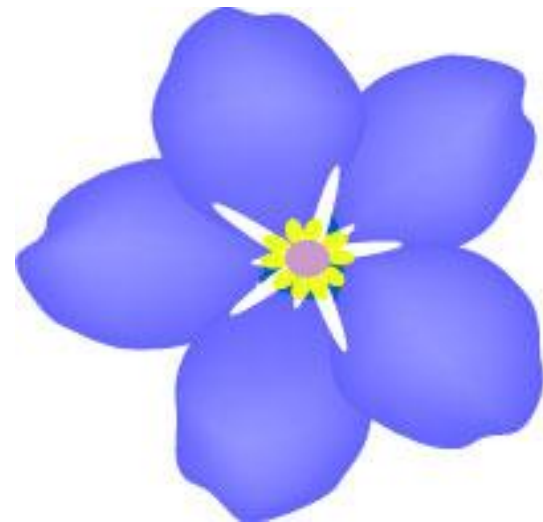
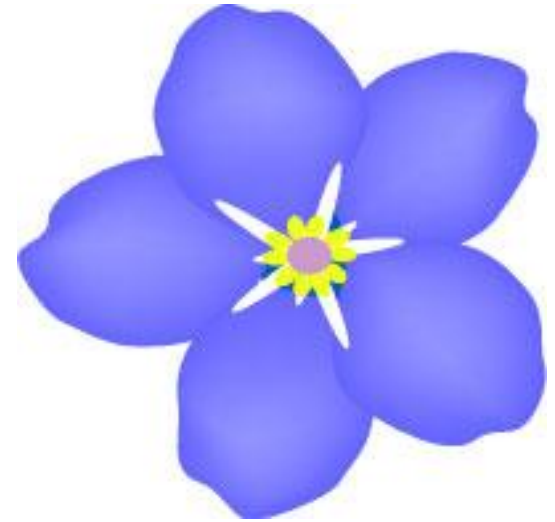
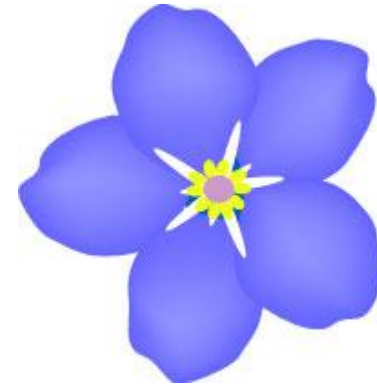


The “**Forget-Me-Not**”
scheme is coming to
your ward!



At Kingston hospital, we care about people with dementia



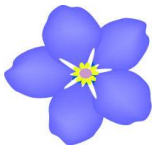
Our goals are structured by our 5-point plan:

“Making SPACE for good dementia care”



“SPACE”

- ✿ **S**taff who are skilled and have time to care
- ✿ **P**artnership-working with carers
 - Take the time to get useful information and involve the carers/loved ones
- ✿ **A**ssessment and early identification of dementia
- ✿ **C**are plans
 - relationship-centred and individualised
- ✿ **E**nvironments
 - dementia friendly environments



Assessment and early identification of dementia

Kingston Hospital **NHS**
NHS Trust

NHS Number
Hospital Number
Name
Date of Birth
Gender M/F
(or affix patient sticker)

Dementia and delirium diagnostic assessment

MANDATORY For all patients aged ≥65

Step 1 – Detection: this step must be completed within 72 hours of admission to hospital			
MANDATORY FOR ALL PATIENTS ≥ 65			
1. Ask patient/relative/carer/GP: Has the person been more forgetful in the past 12 months, to the extent that it has significantly affected his or her daily life? Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. Perform AMTS (if not already done)			
Score _____			
Consider dementia or delirium if ≤ 8			
Does the patient already have a formal diagnosis of dementia? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, what type? _____ When was the dementia diagnosed? _____			
Does the patient have a diagnosis of delirium on admission? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes/unsure, do the CAM			
CAM: Confusion Assessment Method			
Positive		Negative	
1. Acute onset change/fluctuation in mental status and behaviour			
2. Inattention/easily distractible			
3. Disorganised/rambling/incoherent thinking or speech			
4. Altered level of consciousness (range: unrousable to hyperalert)			
Delirium present (CAM positive) if: 1 and 2, and 3 OR 4 present			
CAM positive <input type="checkbox"/> CAM negative <input type="checkbox"/>			
If AMTS ≤ 8, and/or CAM positive – proceed to steps 2 and 3			
Step 2 – Assess and investigate: take a thorough COLLATERAL history (ask patient/relative/carer)			
When did the memory problems or confusion begin? Describe changes, e.g. fluctuating memory loss/visual problems/getting lost			
How did the memory problems or confusion begin i.e. acute/gradual?			
Has there been any worsening of the memory problems or confusion over time or is it stable?			
Other relevant information especially effects on personality, mood, ADLs/function, continence, social/leisure activities, relationships			
Examination			
Complete physical examination undertaken?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mini-Mental State Examination/other validated test e.g. MOCA		Score: _____	
Investigations (Please indicate which have been arranged)			
FBC Yes <input type="checkbox"/> No <input type="checkbox"/>	U&E Yes <input type="checkbox"/> No <input type="checkbox"/>	Glucose Yes <input type="checkbox"/> No <input type="checkbox"/>	LFTs Yes <input type="checkbox"/> No <input type="checkbox"/>
CRP Yes <input type="checkbox"/> No <input type="checkbox"/>	Calcium Yes <input type="checkbox"/> No <input type="checkbox"/>	B12 & Folate Yes <input type="checkbox"/> No <input type="checkbox"/>	TFTs Yes <input type="checkbox"/> No <input type="checkbox"/>
Brain imaging results (if available)			
Review medication, in particular antipsychotics		Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of reviewer: _____ Date: _____
Step 3 – Refer (discuss with Consultant geriatrician or SPR if unsure)			
Suspected or confirmed new diagnosis of dementia: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Inconclusive/uncertain: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes – do both 1 and/or 2:			
1. Give GP full details of assessments (in the discharge summary) and ask GP to follow up CMHT referral <input type="checkbox"/>			
2. Refer to local Community Mental Health Team (CHMT) using this form (see overleaf) <input type="checkbox"/>			
2. Ask GP to re-assess patient and refer as appropriate following discharge <input type="checkbox"/>			
Signature	Name in Capitals	Contact number	Date

Dementia and delirium diagnostic assessment

MANDATORY For all patients aged ≥65

Step 1 – Detection: this step must be completed within 72 hours of admission to hospital

MANDATORY FOR ALL PATIENTS ≥ 65

1. Ask patient/relative/carer/GP: Has the person been more forgetful in the past 12 months, to the extent that it has significantly affected his or her daily life? Yes No

2. Perform AMTS (if not already done)

Score _____

Consider dementia or delirium if ≤ 8

Does the patient already have a formal diagnosis of dementia? Yes No

If yes, what type?

When was the dementia diagnosed?

Does the patient have a diagnosis of delirium on admission? Yes No If yes/unsure, do the CAM

Step 2 – Assess and investigate: take a thorough COLLATERAL history (ask patient/relative/carer)

When did the memory problems or confusion begin? Describe changes, e.g. fluctuating memory loss/visual problems/getting lost

How did the memory problems or confusion begin i.e. acute/gradual?

Has there been any worsening of the memory problems or confusion over time or is it stable?

Other relevant information especially effects on personality, mood, ADLs/function, continence, social/leisure activities, relationships

Examination

Complete physical examination undertaken?

Yes

No

Mini-Mental State Examination/other validated test e.g. MOCA

Score: _____

Investigations (Please indicate which have been arranged)

FBC Yes No

U&E Yes No

Glucose Yes No

LFTs Yes No

CRP Yes No

Calcium Yes No

B12 & Folate Yes No

TFTs Yes No

Brain imaging results (if available)

Review medication, in particular antipsychotics

Yes No

Name of reviewer: _____

Date: _____

Step 3 – Refer (discuss with Consultant geriatrician or SPR if unsure)

Suspected new diagnosis of dementia: Yes No

Inconclusive/uncertain: Yes No

If Yes – do 1 and/or 2:

1. Give GP full details of assessments (in the discharge summary) and ask GP to follow up CMHT referral

2. Refer to local Community Mental Health Team (CHMT) using this form (see overleaf)

If Yes – do both 1 and 2 below:

1. Give GP full details of assessments (discharge summary)

2. Ask GP to re-assess patient and refer as appropriate following discharge

Signature

Name in Capitals

Contact number

Date

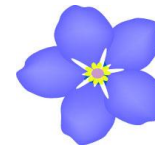


8 Important Things about ME

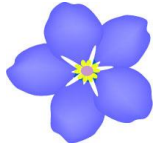
(My name:)

I like to be called	
My job/role was	
When I am in hospital – the person who knows me best is and looks after me is	
Please let them come in and support me when I need it	
Likes and Dislikes	
What I like best is:	
What upsets me is:	
Foods I Like	Foods I don't Like
Drinks I like (Include sugar/milk)	Drinks I don't like

Living our values *everyday*



Care plans
should be
person-centred
and
individualised



Partnership-working with carers



Carer's Passport

Kingston Hospital **NHS**
NHS Trust

.....
Is the nearest relative or primary carer for a patient who has dementia and requires access at all times to the patient.

The Trust has agreed that the carrier of this card may come and go outside of visiting hours and may stay with the patient if he/she deems it necessary.

The Trust requests that access be granted whenever the holder of this pass requires it – unless there are exceptional or unforeseen circumstances.

Living our values *everyday*



CARING



SAFE



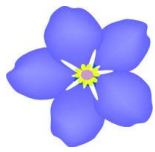
RESPONSIBLE



VALUE EACH OTHER

Thank you for participating in our Carer's Passport program!

Duncan Burton
Director of Nursing



Partnership-working with carers



Carer's Survey

Kingston Hospital 
NHS Trust

Are you the carer of a patient with dementia who is currently in hospital? Yes / No
(please circle)

Have you felt adequately supported during your loved one's stay in hospital? Yes / No
(please circle)

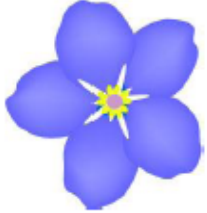
Please explain what has affected your experience positively?

How could we improve our services to make you feel more supported?

Living our values *everyday*



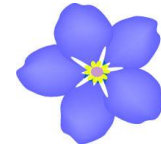
Please return to the doctors or Ward Receptionist for collection. We will use your comments to help us improve services for patients with dementia.



Kingston Hospital

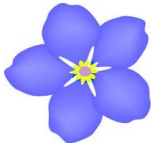
**Information for
people with dementia
and their carers**

Living our values *everyday*

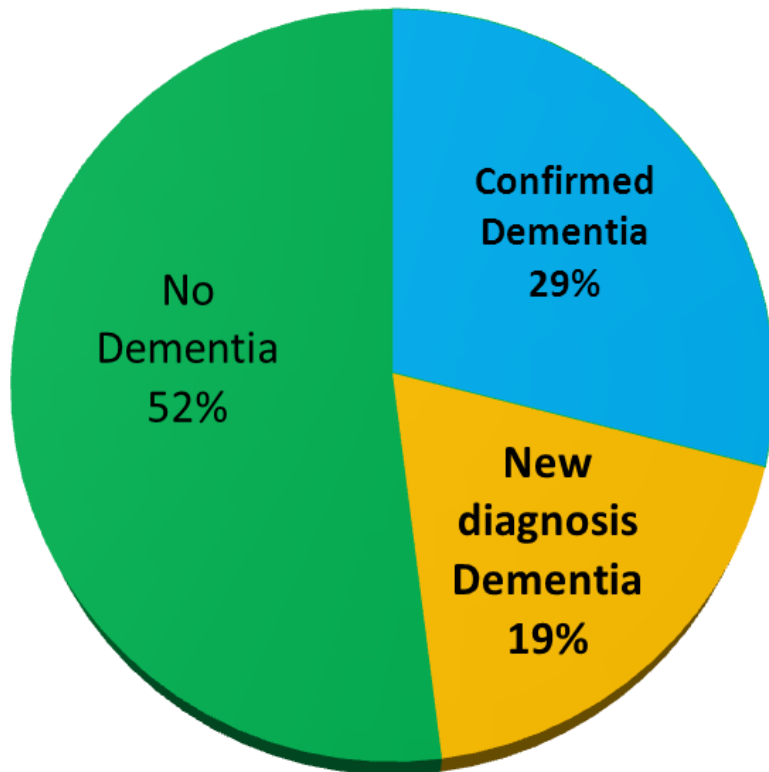


Care and Partnership-working with Carers

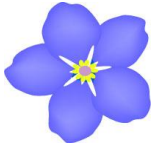
Provide information and support



Prevalence of dementia in patients aged 75 and over in Kingston hospital



- In total, 48% of patients had dementia or suspected dementia
- 89 out of 184 patients
- 54 patients with known dementia
- 35 patients with suspected or new diagnosis of dementia



A person with dementia hospital may not know.....

Who they are

Where they are

Why they are there

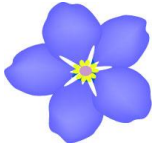
A person with dementia in hospital
might feel:

confused...frustrated...angry....

upset...embarrassed...distressed...






alone...frightened





People with dementia in hospital are more likely to:

People with dementia in hospital are more likely to:

-  Have major complications (falls, malnutrition, delirium, pressure sores, incontinence)
-  Stay longer
-  Be re-admitted after discharge
-  Deteriorate mentally, physically and functionally
-  Be discharged to institutionalised long term care

“Forget-Me-not” Top Tips for Dementia

❖ Take time, slow down.

Faster is not more efficient when it comes to good dementia care.

❖ Know the Person.

Fill in and review the patient's *8 Important Things About Me* form.

❖ Involve the Family/Carers.

They know the individual better than anyone. Use the *Carer's Passport*.

❖ Enhance Communication.

Limit your words, use gestures, and offer choices. Ensure dentures, hearing aids and glasses are in place.

❖ Interpret Behaviours.

Behaviours often reflect unmet needs. Pain? Needs the toilet? Too noisy? Afraid? Lonely? Bored?

❖ Go With the Flow.

Be flexible, validate concerns, use alternate approaches, try again later, talk about happy times, and tailor your care to each individual.

❖ Watch for Signs of Delirium and Depression.

Common co-morbidities with dementia.

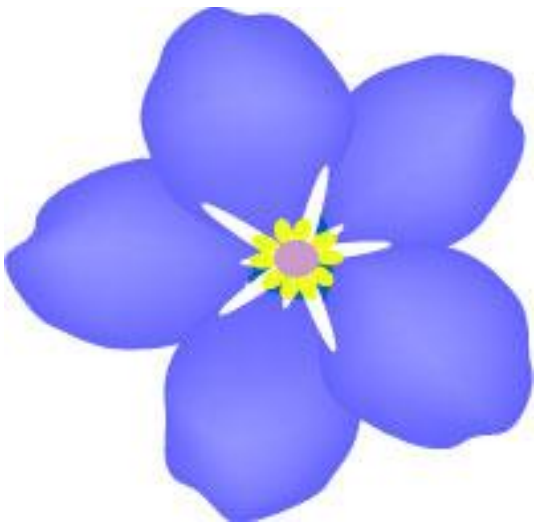
❖ Ask for Help.

Ask your dementia champions, colleagues, carers or volunteers.

“Forget-Me-not” Top Tips

- ✿ Take time, slow down.
- ✿ Know the Person.
- ✿ Involve the Family/Carers.
- ✿ Enhance Communication.
- ✿ Interpret Behaviours.
- ✿ Go With the Flow.
- ✿ Watch for Signs of Delirium and Depression.
- ✿ Ask for Help.





The “**Forget-Me-Not**”
scheme is coming to
your ward!

