Ensuring a safe treatment: general principles/nurse input

General principles of caring for older patients with cognitive impairment

- Diagnose
- Treat
- Monitor
- Reassess
- Be assessed
- Reassess

The role of the geriatrician in the management of cancer patients with dementia

- Co-ordinate care
- Management of a whole patient
- Lead multidisciplinary team

What do Elderly Care Consultants do?

- Comprehensive assessment of acute and chronic disease in a range of settings
- Diagnosis and treatment of acute illness presenting in the presence of co-morbidity
- Diagnosis and treatment of “geriatric syndromes”
- Management of complex diseases including psychological problems

Where is our expertise?

- Multidisciplinary working and safe discharge
- Provision of rehabilitation
- Normal ageing
- Use of drugs in older people
- Management of frailty and palliative care
- Service development

Management of delirium or just good management?

- Calm, reassuring, safe environment
- No bed rails
- Glasses and hearing aids
- Quiet and well lit
- Fluids and nutrition
- Sedation is the last resort
Environment

- Appropriate lighting
- Regular and repeated cues to aid orientation, including clocks and calendars
- Glasses, hearing aids etc
- Continuity of staff
- Encourage integration and mobility
- Approach and handle carefully
- Stop extraneous noise

Environment Continued

- Regular analgesia
- Input from familiar faces
- Explain cause and management to family
- Familiar items by patient
- Maintain hydration
- Avoid constipation
- Ensure adequate PO2

Delirium experience

- Breitbart et al 2002
- 154 patients (53 deaths) 101 interviews
- 54 patients recalled their delirium
- History of dementia was negatively associated with ability to recall the delirium

Effect of delirium on spouse/caregiver

- Hyperactive delirium gave 88% of carers distress
- Hypoactive delirium gave 66% of carers distress
- Relatives of patients with low Karnofsky scores had greater distress

Effect of delirium on nurses

- Strong associations with:
  - Dehydration and systemic infection as etiology
  - Perceptual disturbances
  - Delusions
  - Sleep wake cycle disturbance
  - Delirium severity

The role of the nurse in patients with cognitive impairment

- The eyes and the ears of the patient
- The advocate for the patient
- 24-7 co-ordination and communication
- Remembering things that the doctor forgets! (nutrition and restraints)
Thought not really a new problem.....

"thousands of patients are annually starved in the midst of plenty from want of attention to the ways which make it possible for them to take food. I say to the nurse, have a rule of thought about your patient's diet."

Florence Nightingale (1859)

Restraints in hospital ward

- Often used in medical and elderly care wards
- Considered to increase safety
- Often requested by family but seldom by the patient
- Used especially for those with confusion and history of falls
- Often nurse instigated but seldom doctor removed
- Do we discuss the advantages and disadvantages?

Use of restraints & bedrails in a British hospital

- 668 patients in acute medical, surgical and geriatric beds in a single night
- Observed use of restraints, interviews with nurses and scrutiny of notes
- 56 (8.4%) patients had bed rails
- 52 for prevention of falls, 1 to prevent wandering, 3 at patient request
- Associated with agitated confusion, >70 years and post stroke
- Significantly less likely on acute geriatric wards

O’Keeffe et al, 1996
Liverpool

Does mechanical restraint cause mortality?

- Mortality due to strangulation
- Stuck between bed rails and mattress
- All in agitated confused patients
- How many near misses??
- Do we know our own hospital data?
- Do we know our own hospital policy?

Mohsenian et al, 2003

Do bed rails prevent falls?

- 136 falls from bed
- For all age and gender groups, falls from bed when rails elevated were = or > falls when rails were not elevated
- Patients who were agitated or confused were significantly more likely to have fallen when bed rails were elevated p<0.001
- No increase in severity of injuries if bed rails up although one death in this group

Van Leeuwen et al, 2001
(Australia)

The final word?

- Fall rate per 10,000 days was 13.2
- Rate dramatically increased with age
- 82 (30.7%) falls resulted in injury of which 6 (7.3%) were serious
- Injuries occurred in 71/249 (29%) unrestrained falls and 11/20 (55%) restrained falls
- Injuries were more severe in falls with restraints in place p<0.0001

Tan et al, 2005
(Ireland)
Take home message

• Cognitive impairment is common in older people
• Patients with cancer will increasingly have cognitive impairment
• Doctors and nurses must work together to reduce risk in this vulnerable patient group