

CONFUSED HOSPITALISED OLDER PERSONS

CHOPS

PRINCIPLE 1: Undertake cognitive screening

- *Delirium Risk Identification* *CAN HAPPEN*
- *Elderly patient has Delirium?*
 - *Loss of balance*
 - *Loss of reasoning*
 - *Loss of understanding*

HIGH RISK OF FALLS

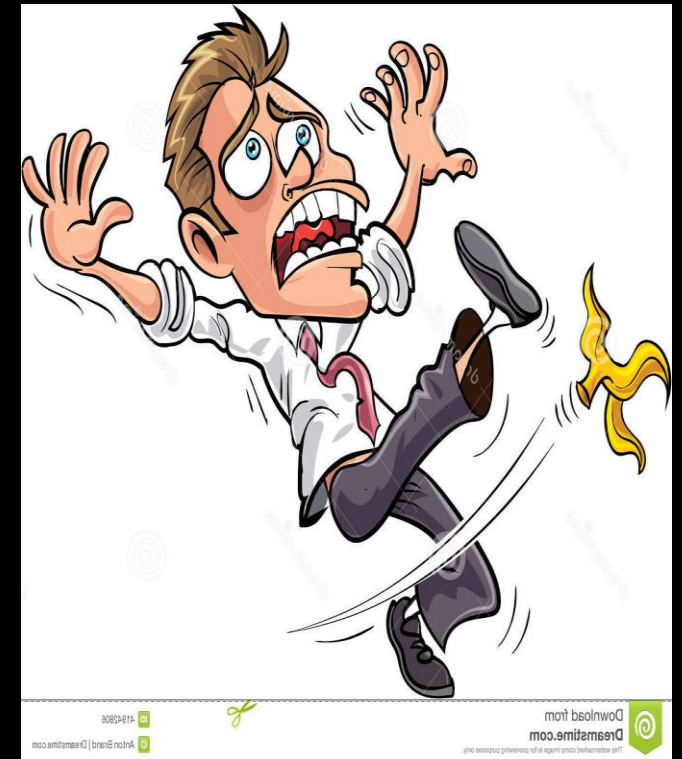


PRINCIPLE 2: Delirium risk identification & prevention strategies

- *Age greater than 70 years*
- *Pre-existing Dementia*
- *History of Delirium*
- *Visual & Hearing Impairment*
- *Depression*
- *Polypharmacy*
- *Alcohol/ Benzodiazepine use*

• **OOPS THEY FALL**

GONE



PRINCIPLE 3: Assessment of older people with confusion

- *Patient assessment*

I'm going – going – gone

- *DEMENTIA vs DELIRIUM Vs DEPRESSION*

Chronic onset

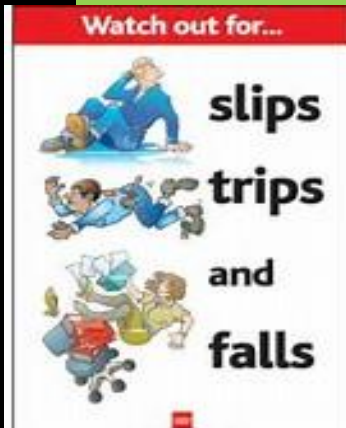
Acute onset

Abrupt/Chronic onset

- *CAM – used for older person who appears disorientated*
- *Positive result – what is the cause*
- *Negative result – investigate why is the confusion*
- *Dementia - depression – psychosis*
- *Obtain history – gather collateral – examination - pathology*



PRINCIPLE 4: Management of older people with confusion



PRINCIPLE 5: Communication processes to support person centred care

Carer and Family

- Person Centred Care
- Care tailored to the needs of the individual.
- Education and referral
- Support and counselling

Get to know you



Transfer of care

- Clinical Handover
- Inter ward transfer
- Patient whiteboards
- Community care
- Residential care
- General practitioners
- Specialist Aged Health Care Services

Implementing & sustaining the TOP 5 in day-to-day nursing practice – needs ongoing education

PRINCIPLE 6:
**Staff education on caring for older people with
confusion**

Staff are supported through training,

Education and leadership:

Enable & empower nursing staff to understand the importance of skilled, timely and knowledgeable care to the older person with confusion.

PRINCIPLE 7:

Supportive care environment for older people with confusion

Importance of focusing on a major risk:

Patients who develop psychiatric complications, dementia, delirium and depression risk of falls:

Risk of complications from antipsychotic medications can cause orthostatic hypotension-resulting in a fall

Side effects of psychotropic drugs (sedation and confusion) increase the risk of falls.