

Family member briefing notes

Title

Managing behavioural and psychological symptoms of dementia and delirium

Summary/overview

There are three parts to the simulation:

Journey board meeting

The Nurse Unit Manager (NUM) will facilitate a journey board meeting. This will be a standing meeting. The NUM will outline information about two patients who have been admitted from the emergency department (ED). Participants will be given directions on which patients to see and what assessments they may need to conduct. This will last for 5 minutes.

Clinical assessment of patient

Participants will conduct a clinical assessment with a patient relevant to their discipline. If another participant is with the patient, participants may choose to review the medical file or make phone calls to relatives. Participants may see the patients individually or in pairs. Participants may use 'time lapse' in the simulation and come in and out of the room as if time has passed. This activity will last for 25 minutes.

Multi-disciplinary team meeting

The NUM will then call a team meeting to discuss the patients' progress, and team strategies for managing these two patients on the ward. This meeting will last for 15 minutes.

Learning objectives

By the end of this simulation, participants will be able to:

1. Expand or enhance communication skills with patients who have behavioural and psychological symptoms of dementia and delirium
2. Communicate across disciplines about patients who have behavioural and psychological symptoms of dementia and delirium
3. Demonstrate key skills and strategies to assist in the management of patients who have behavioural and psychological symptoms of dementia and delirium
4. Develop an interdisciplinary team approach to manage patients who have behavioural and psychological symptoms of dementia and delirium

Scenario

This simulation is set in an acute aged care ward. The ward has a daily 'journey board' meeting for clinical handover, and a weekly multidisciplinary team meeting for more comprehensive discussion of the patient's progress. The multidisciplinary team involved in the patients' care includes medicine, nursing, social work, occupational therapy, physiotherapy and speech pathology. The team may also refer to dietetics, pharmacy, psychology and neuropsychology as appropriate.

Participants' tasks

The aim is for participants to incorporate the knowledge and skills presented in the teaching session in to their clinical practice. This will include psychosocial approaches to managing patients who have behavioural and psychological symptoms of dementia and delirium.

DISCLAIMER

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About your role

You will play two roles: i) Margaret's son, Geoff. ii) Helena's husband, George. You will be sitting with a telephone in another room away from the participants. Participants may ring and wish to talk to you. The information you can pass on to them is outlined below.

Margaret

<i>Current presentation</i>	<ul style="list-style-type: none">• 68 year old female with Fronto Temporal Lobar Degeneration.• Brought in by son to the ED due to decline in cognition and refusing food• Admitted with a urinary tract infection.• Has a history of hypertension and depression• Staff have been unable to contact her son (Geoff) since admission to ED.• There are concerns that Geoff is not coping in his carer role
<i>Premorbid functioning</i>	<ul style="list-style-type: none">• Previously walking with rollator and assistance X 1, however recently, has been using the wheeled commode chair to mobilise around the home.• Largely bedbound due to poor mobility.• Recent changes to character and social behaviour.• Language problems include limited speech and repetition of phrases.• She also has word finding difficulty and has unintelligible speech at times.• Margaret has been declining food at home.
<i>Social history</i>	<ul style="list-style-type: none">• Lives at home with son Geoff who is her full time carer.• Margaret's husband passed away eight years ago.• Margaret's daughter lives in Queensland. She is married with three young children and on a limited budget and therefore only comes to visit 'every so often'.• Margaret receives weekly homecare assistance for showering (2x one hour per week).• Geoff manages all the finances and feels resentful towards his sister. <i>(Depending on difficulty of the simulation Geoff could be taking advantage of his mother financially - discuss with faculty before the simulation).</i>• Margaret enjoys sewing and quilting. She has not been able to do this for some time.
<i>Home environment</i>	<ul style="list-style-type: none">• Small double storey town house. Flat access in and out of the home.• Margaret's room downstairs adjacent to the kitchen and living area.• Small bathroom downstairs with a shower and separate toilet.• Geoff installed a rail near the toilet recently.
<i>About Geoff</i>	<ul style="list-style-type: none">• Geoff is 42 years old• Runs a computer maintenance business from home.• No health concerns
<i>Geoff's concerns</i>	<ul style="list-style-type: none">• Margaret's health has deteriorated significantly in the past 6 months and she is becoming increasingly difficult to manage• He is looking for someone to empathise with him about his caring role.• Geoff will become defensive if rapport is not established with him.• Geoff feels he has limited support• He would accept an increase in services in the home if offered.

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Helena

<i>Current presentation</i>	<ul style="list-style-type: none">• 85 year old female with a delirium.• Admitted post fall in toilet at night.• Had increasing confusion and reduced oral intake last week.• Has non-insulin dependent diabetes mellitus• Disorientated to time and place at times. Does not follow instructions consistently.• Very anxious to return home and is calling out for husband (George) to take her home.• Only participates in therapy when George is present to encourage her.• Found wandering around the ward without her frame and without supervision.
<i>Premorbid functioning</i>	<ul style="list-style-type: none">• Has a 4WW but does not use around the house (has stairs).• Has had 3 x falls in the past 12 months. Stays at home as is quite anxious about falling.• Could shower and dress herself with George nearby 'just in case'• Some short term memory loss, but otherwise cognitively intact.• Helena is very anxious in social settings
<i>Social history</i>	<ul style="list-style-type: none">• Lives at home with George. They have been married 55 years.• They have three children and eight grandchildren. Both sons are builders and run a business together. Daughter is a certified accountant and also works full time.• Family do not live nearby but are in regular phone contact.• Helena and George receive fortnightly services for cleaning and linen washing.• Both are pensioners and have a limited income.• Helena and George shop once a week. George drives.
<i>Home environment</i>	<ul style="list-style-type: none">• Single story brick home with three steps at front and flat access out the back.• Bathroom is relatively modern and has a separate shower. There is a 3cm lip on entry and an outward swinging screen door (renovated 15 years ago by builder son).• Separate toilet. No equipment in place
<i>About Georges</i>	<ul style="list-style-type: none">• George is 87 years old male retired builder.• English is his second language (would benefit from an interpreter)• He had a hip replacement seven years ago and since then his mobility has deteriorated• He can provide care to Helena although is frail and elderly himself
<i>Georges concerns</i>	<ul style="list-style-type: none">• He is very worried about his wife and is caring and compassionate.• Wants her home as quickly as possible.• George is hesitant to admit it (will only discuss if adequate rapport is established) that he is worried about what will happen to them as they are getting older.• He would accept an increase in services in the home if offered.• He will become very angry if there is a mention of an aged care facility.• Worried about Helena's cognition and behaviour on the ward.• He is open to hearing strategies to assist him when he is visiting her and to use at home on discharge

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