



Going to hospital during the COVID-19 pandemic

Guidance for adults with dementia or other cognitive impairments, their care partners and families

Interim guidance has been developed for health care professionals in Australian hospitals to support them to deliver high quality care during the COVID-19 pandemic based on best available evidence. These documents can be found at chsr.centre.uq.edu.au/interim-guidance-care-adult-patients-cognitive-impairment-requiring-hospital-care-during-covid-19-pandemic-australia.

This document is for adults with dementia or other cognitive impairments, their care partners and families. It summarises the key points of guidance documents developed specifically for staff working in hospitals who will be caring for people with cognitive impairment. This document explains some of the possible changes to care in hospitals during the pandemic and the guidance provided to staff about those changes.



What is COVID-19?

The pandemic of coronavirus disease 2019 (COVID-19) is caused by a new, highly infectious virus. People who contract it may experience a range of symptoms including high temperatures, a sore throat, cough or difficulty breathing. The virus spreads from person to person, but good hygiene, physical (social) distancing, ensuring COVID-19 vaccinations are up to date and other measures can help prevent its spread. Some people who contract COVID-19 may be so ill that they need to be admitted to hospital and may even need intensive care for a prolonged period. Frail people over the age of 70, people with intellectual disabilities and other medical conditions are much more likely to experience severe illness and death if they become infected. COVID-19 vaccinations have been shown to reduce the risk of severe illness and death. Depending on your health status other vaccinations may also be appropriate. You should consult your GP on what vaccine options are best for you.

How has COVID-19 impacted hospital care?

The challenge of keeping patients, staff and visitors safe and limiting the spread of COVID-19 has resulted in changes to the way hospitals deliver quality care:

- Hospitals may have rearranged the units or wards in which care is delivered, for example some services may have been moved to another part of the hospital to protect patients from COVID-19.
- Many hospital staff now wear personal protective equipment (also referred to as PPE). This includes gowns, masks, face shields and gloves. This may make it difficult for people with cognitive impairment to recognise members of their care team.
- Patients and other visitors to hospitals may be required to wear a face mask, but rarely full PPE.
- Social distancing practices mean that health care teams may need to be physically further away than usual while communicating with patients, care partners and families. This is very important for infection control purposes, but may be confusing or distressing.



How has COVID-19 affected my going to hospital?

The standard advice about preparing for your health care still applies. If you haven't already done so, this is a good time for you and your care partner/advocate/family to work with your general practitioner (GP) to set up an Advance Care Plan that clearly states your preferences for care. Advance care planning is a process which helps you to think through who you would want to speak for you and what would you want them to say if the need arose. You can discuss options about the way your care might be delivered before being admitted to hospital.

To prepare for the possibility of going to hospital for any reason, it is also a good idea to keep the following items in a convenient, easily accessible place:

- A document with current contact details (phone numbers) of your decision support person, family members and GP.
- A list of all your current medications and a medical history summary that includes adverse reactions to any medications.
- Photos or other familiar items (If used in a COVID-19 area, some of these items may need special cleaning for disinfecting. Check with staff if unsure about cleaning requirements).
- A list of suggestions on how best to communicate with you.
- A list of your likes, dislikes, preferred name, personal preferences, any dietary requirements, your usual routines at home, and any strategies you and your family have that settle you if you become frightened, worried or distressed.

Should I still go to hospital during the COVID-19 pandemic?

Yes, in Australia, hospitals are continuing to provide high quality essential care. Unless you are specifically advised otherwise by your health care team, it is important for you to continue any of your regular GP or in-hospital treatments.

If you have any symptoms which cause concern, seek medical assistance from your GP or the local hospital. Do not avoid going to hospital because you feel it would place extra burden on hospital staff. Be assured that hospitals are well prepared to deliver quality care and protect you and others from COVID-19 transmission.

If I do go to hospital, can my care partner or a family member come with me?

Usually yes, however hospitals may implement visitor bans or limits to prevent the spread of COVID-19. This means that you may not be able to have anyone visit or stay with you overnight. This visiting ban may be lifted for you if the hospital has a suitable option available. Make an early request for someone to be able to stay with you overnight if you need this.

If no-one is able to be with you and you need support to make decisions about your care, the hospital should be able to arrange video-conferences or phone calls to ensure that everyone you want can be as involved as you would like.



What happens when I go to hospital?

When you are admitted to hospital, your health care team will work with you to ensure your goals of care are clearly understood and communicated (whether you have COVID-19 or not). The staff will ensure that others you wish to have involved in decisions about your current and future care are included. You, your care partner, or a family member should:

- Check that the hospital staff have the current details of your family and the person or people you have chosen to make health care decisions with you, or for you, if you are very unwell. Check that you will have access to them at least by phone if needed.
- Check with the hospital staff about the likely length of stay and discharge plan for this stay.
- Check the staff have documented your statutory Advance Care Plan and have your photos and familiar items for your room if you wish.
- Ask questions about any change in hospital practice or unusual medications being used because of the COVID-19 pandemic that may affect you during your stay. For example, has the pandemic changed policies around the use of strong sedating medications if you become very confused, frightened or distressed, and how will staff discuss their use with your family and care partner?
- Ask what additional staff or facilities are available if you need extra support (e.g. single rooms, one-to-one nursing support)?

What is delirium and am I likely to experience it?

Delirium is a condition that develops quickly for some patients in hospital, particularly for people with cognitive impairment. Delirium affects your thinking and may cause things such as sleepiness or erratic behaviours. Staff can try to reduce your likelihood of delirium by helping you to stay hydrated, keeping you in a familiar room in hospital, and helping you to stay aware of why you are in hospital.

What will happen if I become very distressed in hospital?

If you are very confused or disoriented in hospital (as a result of delirium, for example), you may begin to behave in an agitated way that reduces the effectiveness of personal protective equipment. This can increase the risk your own personal safety, as well as the transmission of COVID-19 to others. If you become confused and distressed like this, your health care team will try to find out what is causing your distress (e.g. you might be in pain). They will talk to your care partner and family to work out strategies to reduce your distress. As a last resort, if other strategies are not working and you are severely distressed, staff may consider using medication for sedation or physical restraint. Hospitals will only use these as a last resort and for a short time before reviewing the situation. There are many options that staff will use first to help you feel less distressed.

Unless it is an emergency situation, your health care team will obtain informed consent from your nominated decision support person before sedating medication or physical restraint are used. If medication is required, staff will start with the lowest dose and, if behaviour stays unsafe, slowly increase to a higher dose. Medication selection will be guided by your medical history, and will always include a review date for ending the medication. All measures will be clearly documented, monitored and regularly reviewed.

Helpful Links

Dementia Australia: dementia.org.au

Australasian Delirium Association: delirium.org.au

Advance care planning: advancecareplanning.org.au/individuals#

Helpful Phone Numbers

National Dementia Helpline: **1800 100 500**

COVID-19 Hotline for Older Australians: **1800 171 866**

Coronavirus information for people with disability: **1800 643 787**

The interim guidance was endorsed by National NHMRC Institute of Dementia Research (NNIDR) Special Interest Group: Cognitive Impairment Identification and Care in Hospitals, and the Australian and New Zealand Society of Geriatric Medicine (ANZSGM). The suite of support documents, including a health care professionals' summary, full text background document, a public-facing document (this document) and ACSQHC poster and fact sheet are available online through The University of Queensland.

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