Patients with cognitive impairment in hospital

during the COVID-19 pandemic

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Interim guidance for health care professionals and administrators providing hospital care to adult patients with cognitive impairment, in the context of COVID-19 pandemic. More information at https://chsr.centre.uq.edu.au/interim-guidance-care-adult-patients-cognitive-impairment-requiring-hospital-care-during-covid-19-pandemic-australia.

Cognitive impairment may increase during COVID-19:

- **COVID-19 can cause delirium**
- **Admissions may increase for patients with dementia or intellectual disability** due to COVID-19 spatial isolation and reduced community resources
- **People with any kind of cognitive impairment are at higher risk of complications and distress,** e.g. adverse events, long length of stay, behavioural and psychological symptoms and death
- **Higher risk warrants increased preventative strategies to reduce the risk of harm**

People with cognitive impairment may require innovative approaches to care because of:

- **Inconsistent historians, comprehension of care requirements, remembering/following instructions**
- **Challenges in maintaining infection control principles** (e.g. keeping mask on) due to the person experiencing anxiety, restlessness, breathlessness, exit-seeking behaviours/wandering, fear, agitation, or aggression
- **Limited access to their usual care partner/advocate** (e.g. due to COVID-19 control measures or illness)
- **Fear of people wearing personal protective equipment (PPE)** which can be frightening and unfamiliar

Clinical strategies to maintain efficient, effective and ethical care:

- **Identify contributing factors to delirium and factors that are treatable**
  - Manage hypoxia, pain, infection, dehydration, constipation, hunger, strange environments
  - Reduce polypharmacy and tethers where possible (IVC, IDC, bed rails)

- **Normalise infection control practices**
  - Use regular calm reorienting conversations, maintain calm demeanor, prioritise dignity and respect
  - Provide sample packs of PPE to enable familiarization for people with cognitive impairment
  - Consider humanisation of health professionals by placing large print name labels and photos on health professionals wearing PPE
  - Consider best environment for individuals based on their acceptance of PPE
  - Provide education on PPE, the importance of COVID-19 and other vaccinations and and infection control to care partner/advocate who will be present in hospital

- **Orient people with cognitive impairment using biopsychosocial reinforcement**
  - Welcome care partner/advocate to stay with people with cognitive impairment
  - Document the 'Top 5' strategies that were requested by the person (or care partner/advocate) for help with their care in their medical record
  - Place items in view (family photos, music, phone, personal items)
  - Encourage activity (life story book/app, puzzles, fidget boards, towel folding, tool-box)
  - Use human solutions (hearing and visual aids, music, pictures, tv, video)
  - Support time orientation: day/night lighting; bedside clock/calendar; assist with meals
  - Promote the use of staff familiar to the patient; social and mobilizing time
  - Write down information and instructions for patients, use visible whiteboard

- **Discuss and document goals of care**
  - Identify the lawful decision-maker if substitute decision making is occurring
  - Support shared decision making, informed consent, and advance care planning
  - Plan comprehensive care based on goals of care and in line with values and preferences, ensure regular communication
  - Focus on reablement, palliative care or end of life care as relevant

- **Respond to any behavioural deterioration (breach of infection control, aggressive behavior) (Fig. 1 applies to all people with cognitive impairment with or without COVID-19)**
  - Implement non-pharmacological strategies (as above)
  - Medications should be avoided and used only in extreme circumstances in a timely manner with consent policies and procedures implemented, and cessation plan written

Governance strategies to maintain efficient, effective and ethical care:

- **Review whole-of-hospital policy, procedures and guidelines, risk management systems, clinical and support staff training (Fig. 1 applies to all people with cognitive impairment with or without COVID-19)**
- **Separate wards and staff with healthcare workers skilled in managing cognitive impairment challenges**
- **Enable hospital avoidance strategies if safe to do so**
- **Enable hospital stay to include recovery, restorative care and rehabilitation**

Figure 1: Flowchart of COVID-19 clinical strategies for people with cognitive impairment