

Patients with cognitive impairment in hospital during the COVID-19 pandemic

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 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

