

Identifier Practicalities

Where will the Cognitive Impairment Identifier be used?

- Nursing staff will be responsible for displaying the identifier at the bedside
- The patient and or carer will have agreed to have the identifier displayed
- At any stage the patient or carer may remove the identifier should they wish



Displaying this logo will prompt all staff to better communicate with clients identified with a Cognitive Impairment. Nine simple communication strategies are:

1. Introduce yourself
2. Make sure you have eye contact at all times
3. Remain calm and talk in a matter of fact way
4. Involve carers
5. Keep sentences short and simple
6. Focus on one instruction at a time
7. Give time for responding
8. Repeat yourself, don't assume you have been understood
9. Do not give too many choices.

For more information on the Cognitive Impairment Identifier program contact:

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Northeast Health Wangaratta Incorporating:

- Wangaratta District Base Hospital
- WJ Smith Linen Service
- Wangaratta & District Nursing Home
- Psychiatric Services – Kerferd Inpatient Unit
- Medical Imaging

08/06



EXCELLENCE IN
RURAL HEALTH

Cognitive Impairment Identifier Program

at
Northeast Health
Wangaratta



Information for clients,
families and community

Cognitive Impairment Identifier Program



The aim of this program is to improve the care of clients who have a Cognitive Impairment whilst they are an inpatient at Northeast Health Wangaratta.

How will we identify a client with a Cognitive Impairment?

All clients over the age of 70 years (65 if having orthopaedic surgery) admitted to Northeast Health Wangaratta will have a cognitive assessment attended by their admitting nursing staff member. This is to gain a baseline of all clients' cognition. All Cognitive Impairments that are identified will be further assessed by Health Professionals and appropriate management commenced.

Cognitive Impairment is.....

- Delirium
- Dementia
- Any other difficulty with memory and thinking

"Dementia"

- Is JUST a term to describe memory loss and impairment of at least on other cognitive domain
- Is NOT a diagnosis
- Does NOT indicate severity or level of function
- Does NOT indicate prognosis

Definition of Dementia

Multiple cognitive deficits, including memory impairment and at least one of:

- **Aphasia**- problems with language
- **Apraxia**- inability to carry out purposeful movements even though there is no sensory or motor impairment
- **Agnosia**- Failure of recognition, especially people
- **Disturbed executive functioning**- impaired planning, sequential organisation and attention
- Cognitive deficits severe enough to interfere with occupational and/or social functioning
- These deficits do not occur exclusively during the course of delirium

Definition of Delirium

- a) Clouding of consciousness, with reduced capacity to shift, focus and sustain attention to environmental stimuli
- b) At least two of the following:
 - 1) Perceptual disturbance, misinterpretations, illusions, hallucinations
 - 2) Speech that is sometimes incoherent
 - 3) Disturbance of the sleep-wake cycle, with insomnia or daytime drowsiness
 - 4) Increased or decreased psychomotor activity
- c) Disorientation and memory impairment
- d) Clinical features that develop over a short period of time (hours to days) and tend to fluctuate over the course of the day
- e) Evidence, from the history, physical examination or laboratory tests, of a specific organic factor judged to be aetiologically related to the disturbance.