Dementia Transition Series

What to Communicate at the Hospital

Why Is It Important? Hospital staff often has limited training on Alzheimer’s disease and related dementias. Patients and caregivers are the primary sources of knowledge that must be communicated during and after the hospitalization. Knowing what to ask and what to share, can help ensure the patient receives quality care.

What Should Patients and Caregivers Ask?
1. How long the patient will be in the hospital and any procedures or tests that are expected. Ask about anesthesia, catheters, and IV’s. General anesthesia can have side effects. Ask to talk to the anesthesiologist about options.
2. Caregivers should ask to be present during transitions to tests or procedures where change can be disruptive for the patient and ask to be allowed in the recovery room.
3. Patient and caregiver should ask the hospital staff to avoid using physical and chemical (medication) restraints.
   - Seek other ways to provide comfort (music, pastoral care, family visits).
   - Does the hospital offer activity or recreational therapy?
4. Consider a private room if bothered by the additional noise.
5. If necessary, caregiver should ask doctors to limit questions directed to the patient and arrange to answer questions in private.
6. Caregiver can ask about the hospital's policies regarding “companions,” who are hired to be with your loved one when the caregiver needs a break.

What Should Caregivers Share?
1. Use the “Family Caregiver Report” on the other side of this page. Ask to hang it by the bed.
2. Inform the hospital staff as soon as possible if your loved one suddenly seems worse or different.
3. Help keep your loved one safe. Tell staff about any previous wandering, getting lost, falls and/or delusional behavior.
4. Share any hearing difficulties and/or other communication problems your loved one may experience and what works best to communicate with them.
5. Explain what upsets your loved one and ways to make him or her feel comfortable. Help teach the hospital staff what approach works best with your loved one.
6. Advance Directives — What are your loved ones wishes regarding feeding tubes, CPR, life support?
**Family Caregiver Report**

Family Members, use this form to share information with staff about how your loved one is normally, when they are not sick or in crisis. Encourage patient involvement in the development of this information as much as possible. This information will help staff understand and provide for your loved one’s needs.

Name: ___________________ What does he/she preferred to be called? __________________________________________

Where does he/she live? ________ Alone? Or with? _____________________________________________________________

Does he/she become upset? Yes  No  How does he/she show this? ________________________________________________

What triggers this? _____________________________ What makes he/she feel comfortable? ____________________________

In general, what helps he/she cope (for example, religion, music, certain people)? ________________________________

What are fluids and simple foods does he/she enjoy? __________________________________________________________

Would he/she like chaplain to visit? Yes  No  What other religious/spiritual activity would he/she desire? ______________

What is his/her normal bedtime routine (for example, dentures in/out, call to family, a prayer, etc.)? ________________

____________________________________________________________________________________________________

What kind of work did he/she do? __________________________________________________________________________

What are his/her interests or hobbies? _______________________________________________________________________

What else can you tell us that will help us care for him/her?  Strengths/Challenges? _________________________________

____________________________________________________________________________________________________

**Does he/she normally need help...**

<table>
<thead>
<tr>
<th>Does he/she normally need help...</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
<th>Don’t Know</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Understand where he/she is?</td>
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<td>Follow directions?</td>
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<td>Tell others what he/she needs?</td>
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<td>Tell others when he/she is in pain?</td>
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<td>Wear a hearing aid?</td>
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<td>Wear glasses?</td>
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<td>Have dentures?</td>
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<td>Using the bathroom?</td>
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<td>Walking?</td>
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<td>Getting out of bed?</td>
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<td>With bathing, brushing teeth, etc.?</td>
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<td>Dressing?</td>
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<td>Eating?</td>
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</table>

Is there anything else you want the staff to know about him/her? ________________________________

Name & relationship of person completing this form: ___________________________________________________________

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**Why NICHE?** NICHE Hospitals are committed to making the hospital stay as safe and positive as possible for older adults.