



System for caring for cognitive impairment

A well-designed system for caring for patients with cognitive impairment will support clinicians to:

- Routinely **screen for cognitive impairment** in patients aged 65 years or over using a validated tool
- Screen patients of any age at risk of delirium and when the patient, carer, family or other key informants raise concerns about cognitive impairment.

For all patients with cognitive impairment:

- **Assess for delirium and reassess with any changes** to behaviour or thinking using validated delirium assessment tools applicable to the setting
- If delirium is detected, **investigate and treat the causes of delirium**;
- **Investigate (or refer for investigation) other causes of cognitive impairment**;
- **Partner with patients, carers and family members**
- **Comprehensively assess and develop an individualised plan**
- **Provide relevant information** to patients, carers and families
- **Respond to other care needs**, including assistance with nutrition and hydration reorientation, safe mobilising, maintaining or restoring functioning, and providing meaningful activities
- **Set goals of care**
- **Manage medication issues**
- **Communicate effectively** and **seek information** to provide individualised care
- **Respond appropriately to behavioural symptoms**
- **Provide a supportive environment**
- **Manage transitions effectively**

For patients at risk of delirium:

- **Implement multi-component delirium prevention strategies**

For all patients:

- **Be alert** to and assess for delirium when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported

Note that these steps are not linear. For example, keeping a person safe should happen at the same time as investigating the possible cause of delirium, if detected.

Further information is available in the [NSQHS Standards Guide for Hospitals](#).

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