

File within 3rd spine

Place patient sticker **within** this box



Royal Cornwall Hospitals
NHS Trust



**Mild Cognitive Impairment / Dementia
- Care Plan**



| | | | |
|---|---------------------------|-----------|----------------|
| Care Plan commencement date | Care Plan completion date | | |
| Problem | | | |
| Specific care needs due to cognitive impairment / dementia. | | | |
| Goals | | | |
| <ul style="list-style-type: none"> To provide a safe and supportive environment. To provide care for the patient that encompasses their specific and personalised needs. To involve the patient, carer and family with this plan of care. | | | |
| Interventions | | | |
| ASSESSMENT | Yes | No | Initial |
| <ul style="list-style-type: none"> Has your patient got a diagnosis of dementia? If YES do they require a review? If No complete a dementia blood screen Please refer to the Complex Care and Dementia Psychiatric team via MAXIMS for advice, assessment and support. Assess communication needs and plan actions to support communication. <i>Document in other individual interventions overleaf.</i> Consider their physical social and environmental factors that might impact on the person due to hospitalisation eg pain, loneliness, routine, noise, disorientation. <i>Document in other individual interventions overleaf.</i> Use AMTS to assess for cognitive function (this can be repeated to monitor effectiveness of treatment for reversible effects of a delirium). Prompt a medication review. Consider using Behavioural Chart (CHA3914) and PAINAD chart (CHA3107) to assess and document response to treatment. Complete the MUST nutritional assessment, follow through referrals. Often, regularly offered drinks, small meals and snacks are helpful. <i>Use the Nutritional Care Plan CHA2768.</i> Assess and document mental capacity relevant to decision needing to be made. At this time does the patient have capacity to consent to the care and treatment plan offered? Where indicated medical team to assess and document capacity. Assess capacity using Trust approved assessment and record form (refer to the Trust's Mental Capacity Act Policy). NB Assessments must be decision and time specific. | | | |



Place patient sticker **within** this box



Interventions cont...

| ASSESSMENT | Yes | No | Initial |
|--|-----|----|---------|
| <ul style="list-style-type: none"> Consider the use of Enhanced Care as per RCHT Enhanced Care and Meaningful Activities policy. Ensure patients carers / relatives have been given a ward contact card. Please ensure the patients essential care needs have been assessed and a plan of care is implemented that recognises patient choices and their privacy and dignity eg. bowel, bladder and continence care. | | | |

| FURTHER CARE PLANNING | Yes | No | Initial |
|--|-----|----|---------|
| <ul style="list-style-type: none"> Use / complete a 'This is ME' to plan and personalise care. Use carers and family to understand the specific needs of the person and document this in the 'This is ME' and in the care plan below. Think about other Trust resource that can support the person, volunteer befrienders, meal time companions. Make sure the patients specific care needs are flagged to other hospital services: Ensure 'This is ME' and this care plan travels with the patient. Involve the patient their carer and family in care (where appropriate). <i>Give and document the giving of the RCHT Carers Information Leaflet.</i> Please ensure carers have been offered a carers passport and complete a carers care plan. | | | |

| Other individual interventions | Sign, Designation Date and Time |
|--------------------------------|------------------------------------|
| | |

| | | | |
|------------------------|------------------------------|-------------------------------|------------------------------|
| Care Plan activated by | Sign Print Designation | Care Plan shared with patient | Sign Print Designation |
|------------------------|------------------------------|-------------------------------|------------------------------|