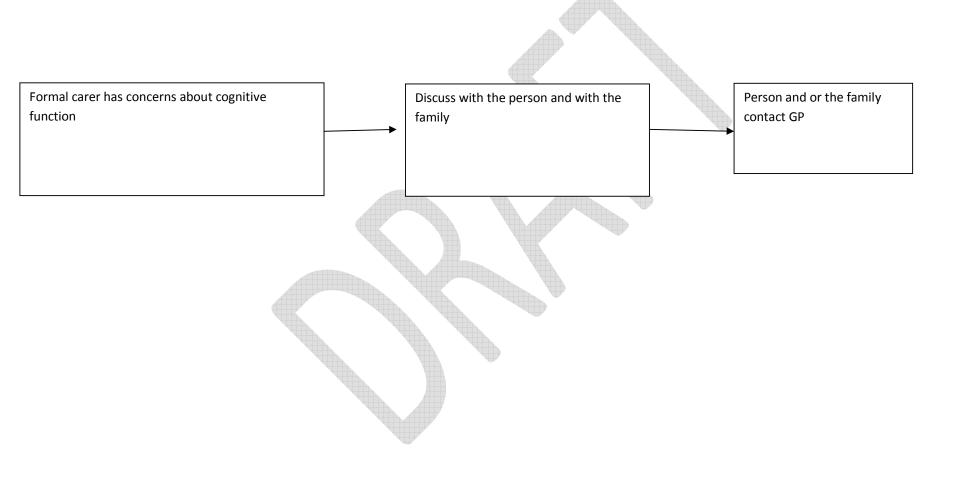
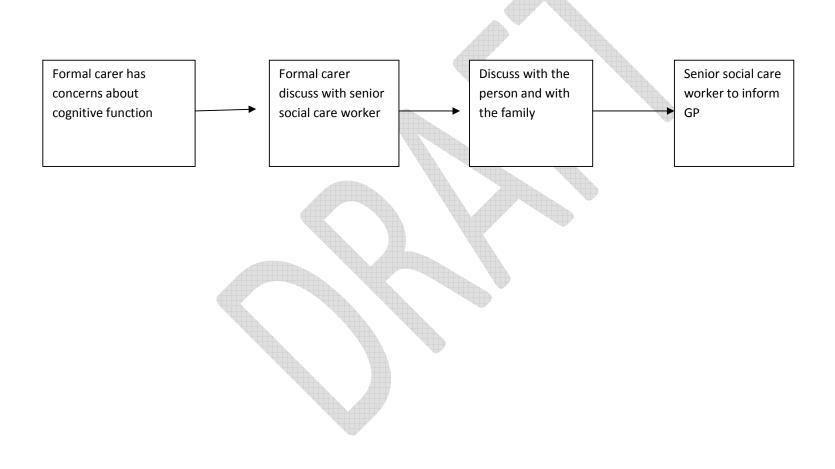
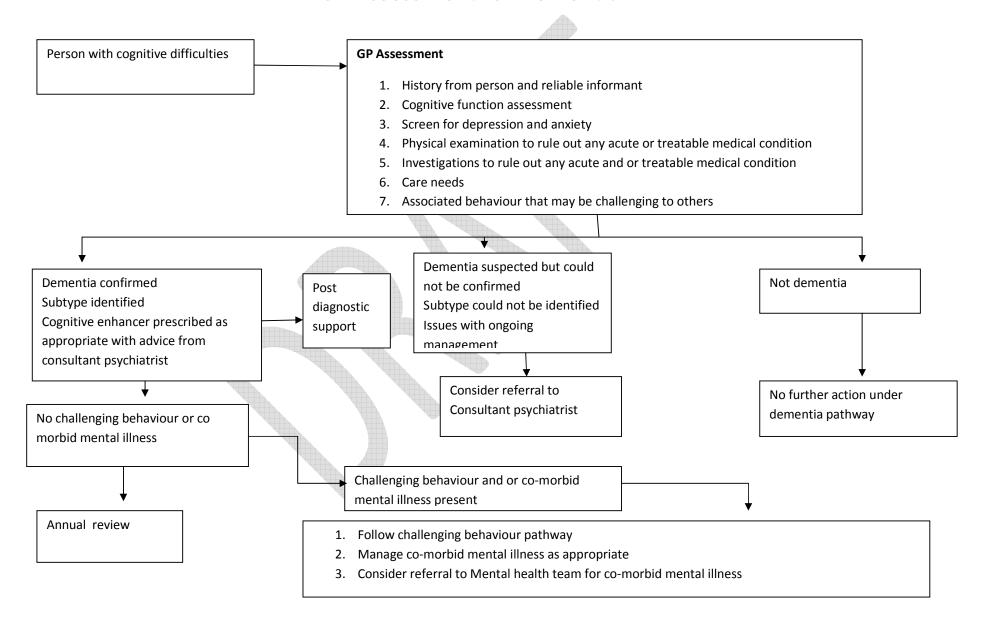
# Initial Screening for a person in the community and not in a care setting



# Initial Screening for a person in the community and in a care setting



### **GP** Assessment for Dementia



# **Investigations**

### **Bloods**

Full blood count
Urea, Creatinine, Electrolytes
Liver function tests
Thyroid function tests
Vitamin B12 and Folate

### Urine

Dipstick/culture

### **Structural Neuro-imaging (CT Brain)**

Lack of reliable information

To exclude potentially reversible/ other causes such as space occupying lesion
To be requested if there is a history of
Sudden onset/deterioration
Presence of focal neurological signs
Seizures early on in the course of illness

### **GP Annual Review**

**Annual Review** 

### **GP** Assessment

History from person and reliable informant

Cognitive function assessment

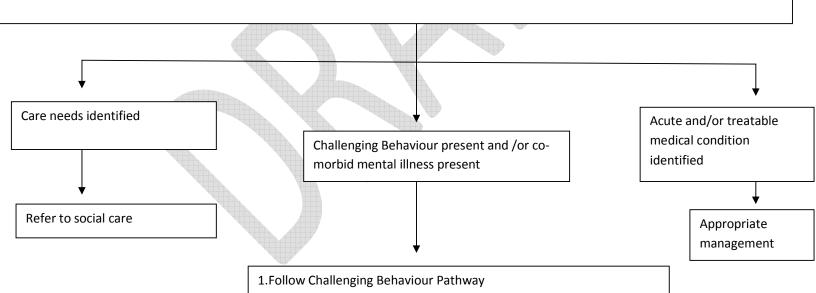
Screen for depression and anxiety

Physical examination to rule out any acute and or treatable medical condition

Investigations to rule out any acute and or treatable medical conditions

Care needs

Associated behaviour that may be challenging to others



2. Manage co-morbid mental illness as appropriate

Consider referral to Mental Health Team for co-morbid mental illness

### **Referral Criteria**

### **For Diagnosis**

Contact details for next of kin

Onset and duration of symptoms

Current support and care needs

Physical examination and investigations to rule out other acute/treatable conditions

Cognitive function assessment

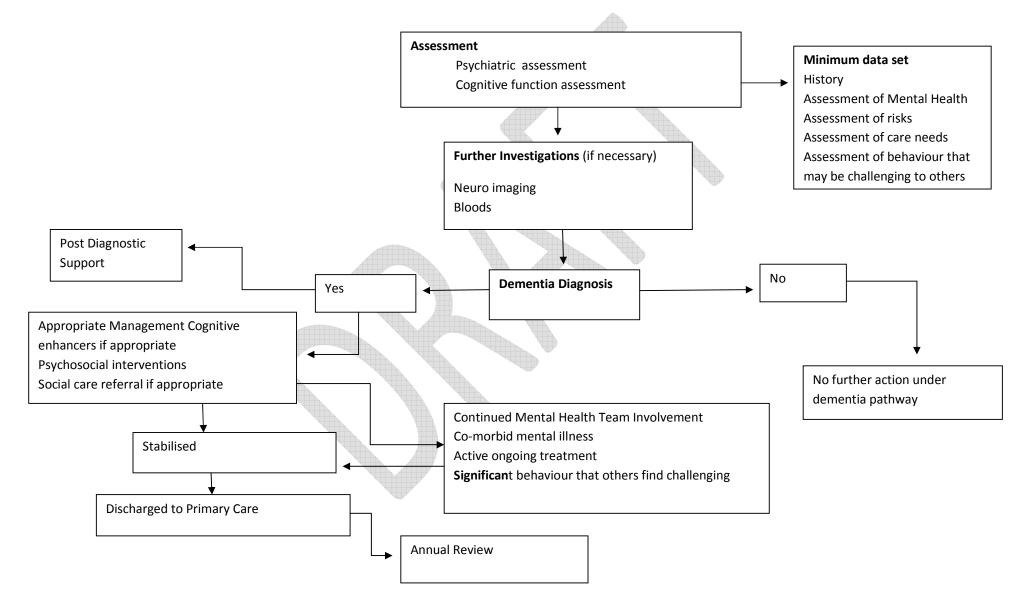
Screen for depression and anxiety

Associated behaviour that may e challenging for others

# For Management of Challenging Behaviour

Have firstly followed challenging behaviour pathway

### **Diagnosis**



### **Post diagnostic Support**

Post diagnostic support to be delivered by multi-agency partnership consisting of CPN service, Social care, Primary care and Alzheimer Scotland. The dementia steering group will implement and monitor the delivery of Post Diagnostic Support

Diagnosis given to the person with dementia and/or carer with an offer to opt-in to the Post Diagnostic Support Service

Information

Diagnosis

Medication

Driving

Other information as appropriate given at time of diagnosis

Psychosocial Interventions for cognitive impairment in dementia

Further information and support as per the 5 pillar model

Understanding the illness and managing symptoms

Planning for future decision making

**Supporting community connections** 

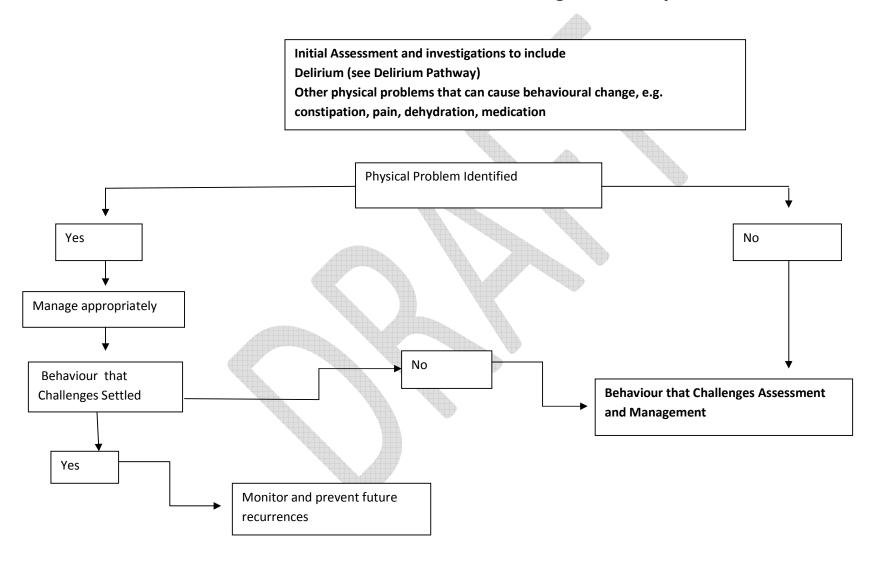
Peer support

Planning for future care

# Information

Information for Patients	Facing Dementia Handbook Alzheimer Scotland Website Alzheimer Scotland Helpline 0808 808 3000
Information for	Coping with Dementia  Alzheimer Scotland Website
Carers	Alzheimer Scotland Website Alzheimer Scotland Helpline 0808 808 3000 Benefit Agency website Dementia Making Decisions
Clinical Information	Quick reference to SIGN 86 Guidance to NICE 42
Legal Information	Mental Health (Care and Treatment) Scotland Act Adults with Incapacity (Scotland) Act 2000 Protection and Support of Vulnerable Adults
Services	Alzheimer Scotland, Crossroads ???????????????

## **Behaviour that Challenges Pathway**



#### Behaviour that Challenges Assessment and Management Initial Assessment to exclude common medical problems including **DELIRIUM** CONSTIPATION **DEHYDRATION MEDICATION** PAIN Medical Problems Identified ŊΟ YES **Behaviour that Challenges Assessment** Principles 1. Identification of behaviours 2. Identification of impact of behaviours on the person with dementia and others. 3. Identification of Manage Annual GP risk. appropriately reviews Explore potential physical, psychological inter personal environmental triggers BC resolved NO YES Issues identified that can be managed in Primary Care YES NO Refer to Mental **Health Team Prevention** Monitor and Third line prevent future interventions Medical Review Medical review recurrences of Comprehensive Care Plan Person centred care physical health Behavioural Person Centred **Recognition of triggers** First line Second line issues Management Plan Care and early signs interventions interventions Medication Review **Environment Environmental issues** Behavioural non Review behavioural Risk Assessment Information sharing management pharmacological Management Plan Watchful waiting Reviewed as **Assistive Technology** interventions (4 weeks) appropriate Person centred Consultation with Consider Optimising care Multidisciplinary pharmacological family management of review BC BC appropriately BC appropriately BC appropriately managed managed BC appropriately managed YES NOmanaged YES NO-YES NO-YES NO

### **MEDICAL REVIEW**

# To detect any general health problems

- Delirium
- Pain
- Infections
- Dehydration
- Constipation
- Malnourishment
- Medication review
- Depression/Anxiety

### PERSON CENTRED CARE

- Is the person treated with dignity and respect?
- Do you know about their history, lifestyle, culture and preferences?
- Do the carers try to see the situation from the perspective of the person with dementia?
- Does the person have the opportunity for relationships with others
- Does the person have the opportunity for stimulation and enjoyment?
- Has the person's family or carer been consulted?

 Does the persons care plan reflect their communication needs and abilities?

### **ENVIRONMENT**

- If the person is being cared for in a bed or chair, are they comfortable and free of pressure sores?
- Is the TV or radio playing something that the person can relate to and enjoy?
- If the person is mobile, can they move around freely and have access to outside space?
- Does the person recognise the environment as home? Does it contain things to help them feel at home?
- Could assistive technology be used to improve freedom or safety?
- Does the person have the correct spectacles, and are they clean?
- Is their hearing aid turned on and working?

- Is it too hot or too cold?
- Is the person hungry? People may forget to eat

# **Non-Pharmacological Interventions**

### Soothing and creative therapies

- Aromatherapy
- Massage
- Warm towels
- Smells of cooking
- Having hair brushed
- A manicure
- Music to the persons preference
- Singing and dancing

### • Simple non drug treatments

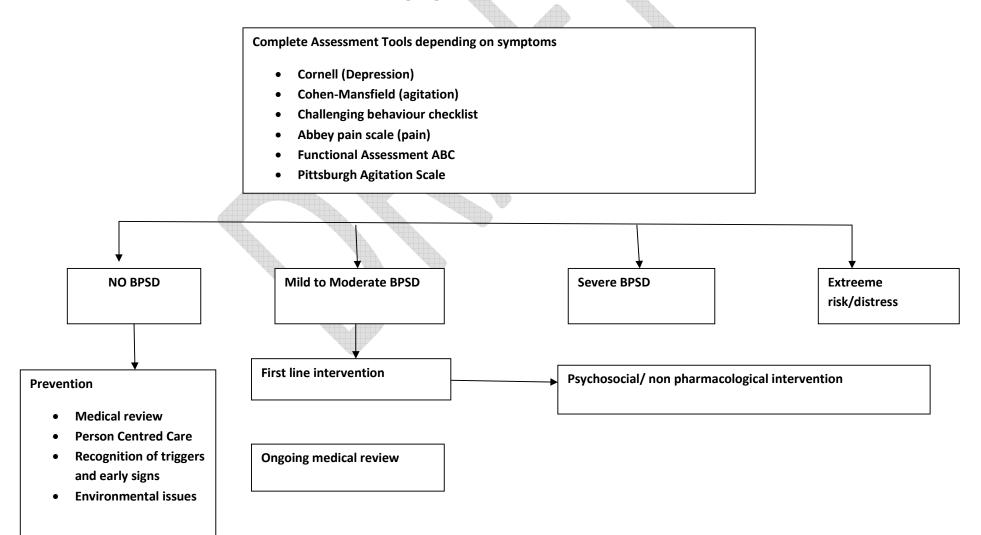
- Developing a life story book
- Frequent short conversations

- Using personal care as an opportunity for positive social interaction

### • Sleep hygiene

- Reduce daytime napping
- Increasing activity during the day
- Agreeing realistic expectations for sleep duration

### **Challenging Behaviour Assessment**



# **Pharmacological Treatments of Challenging Behaviour**

