Core principles for management of a patient with reduced cognitive impairment/vulnerability

Out-patient

Acute admission

Emergency care

Risk assessment

A basic risk assessment should be completed in conjunction with the patient/ carer. If this indicates a med/ high risk overall or high risk in a specific area then a more in-depth assessment should be completed.

Consent / capacity

Can the patient provide valid consent, i.e.
- understand information
- retain information
- weigh up information
- communicate decision?

Consult significant others

Have you consulted with relevant others, i.e., adults’ relative, primary carer, welfare guardian, if appointed, or anyone else involved in the patient’s care.

Discharge planning

On admission, identify EDD and consult all involved in care such as carer, family or relevant professionals, e.g. Learning Disability Nurse, Social Worker.
Vulnerable Patient Pathway

Is your patient vulnerable?

Yes

Have you confirmed this with the Risk Assessment?

Yes

Have specific care needs been identified using appropriate screening tools?

Yes

Does the patient have capacity to consent?

Yes


No

No

What is your evidence and have you documented your decision in notes?

You must complete Risk Assessment now!

No

No

Cognitive Impairment:
4AT, ACE-R, Delirium, MMSE, DisDat, referral to Learning Disabilities Team

Communication:
SALT Referral, pictorial aids

Nutrition & Hydration:
MUST, Dietician Referral

Personal Safety:
FALLS, Waterlow, Edmonton Frailty Score, referrals to Physio or Tissue Viability Nurse

Mental Health & Capacity:
Referrals to Psych Liaison Team or addiction specialists i.e. Smoking Withdrawal Nurse, Alcohol Liaison Nurse or Toxicology

Please complete Adults with Incapacity certificate, Section 47 form. Following appropriate guidelines and confirm status of legal proxy if required. Discuss with appropriate relative or carer.

Document findings and evidence with action plan in patient notes. Monitor, review and evaluate.