

Something is Wrong!

Safety for Older Adults in Mass Care Settings: Responding to the Signals of Dementia, Depression, and Delirium

Delirium, dementia, and depression are different conditions that have different causes and triggers and can have serious consequences. Client's can have more than one condition at the same time and the behaviors associated with each can overlap and be hard to sort out, even for clinicians. The average mass care worker, however, does not need to know diagnose a condition—only to recognize that SOMETHING IS WRONG and respond accordingly. Therefore, let behaviors help you find the safest action to take.

Signals to Watch For:

- ◇ Very quiet
- ◇ Doesn't respond to open-ended questions
- ◇ Doesn't wake easily or sleeps most of the day
- ◇ Doesn't interact with others
- ◇ Is restless
- ◇ Is excitable
- ◇ Has poor short-term memory, may ask the same question over and over
- ◇ Seems confused
- ◇ Seems anxious
- ◇ Has trouble with eating, toileting, dressing, bathing
- ◇ Swings between being sleepy and lethargic and being agitated and hyperactive
- ◇ Makes random movements
- ◇ Is combative, swings arms, strikes out
- ◇ Has poor language skills or speaks gibberish
- ◇ Wanders
- ◇ Is very emotional
- ◇ No appetite

What Information Do You Have?

- ◇ Review intake paperwork for health issues
- ◇ If family or friends are present, inquire about client's health status, history, medication use, and typical behavior
- ◇ If client is able to communicate, ask about physical and mental health history, current prescription medications, substance use, recent hospitalizations, stressors, and intention for self-harm

Protect the Client!

Always protect the client and the population if you feel there is a risk of the client harming themselves or others. Call 911.

- ◇ If you are unable to awaken or arouse the client to answer an open-ended question such as "tell me how you're feeling", or if the client appears to be hallucinating, aggressively agitated, makes random movements, or cycles back and forth between lethargy and excitability, the client may have delirium and needs to be **sent to for emergency treatment**. Delirium is an acute brain emergency.
- ◇ If a client talks about wanting or planning to harm themselves or others **send for emergency treatment**. This is always an emergency.
- ◇ If a client's family, intake record, or interview indicates they have depression their condition could worsen. Assist the client in calling their community provider for an appointment and arrange transportation. Ensure the client has and is taking their prescription medications as directed or assist in getting replacement medication, if needed. Monitor client for safety and move closer to medical stations, if available.
- ◇ If a client's family, intake record, or interview indicates the client has dementia, protect client from harm and exploitation, assist with key activities such as eating, dressing, bathing, and toileting, and place near a medical station or other staffed area. Create impromptu programming with simple repetitive tasks, alert staff to potential wandering, and redirect as needed.
- ◇ Note that dementia, delirium, and depression may be present in the same person. Delirium and the intent to harm are always an emergency. Older adults with known depression and dementia may need a mass care environment that is less chaotic and uncertain and more supervised or highly staffed than the general population.