

Information about your loved one with dementia

Information and advice for relatives and carers

Patient Experience

The aim of this booklet is to gather as much information as possible about your relative/friend with dementia so that we can understand them better and provide care which is specific to their needs.

Coming into the hospital may be a difficult time for your relative/friend and we want to make them feel as comfortable as possible. We want to connect hospital life and home life to make this move easy and help them feel less anxious.

To do this, we need you to complete this booklet. Each section will give us different information so it is important to complete all of them. There are 3 sections:

1. About me
2. Care needs
3. Additional Information

Please complete each section for your relative with dementia, not information about you.

Please ask a member of staff if you need help completing the booklet.

Completed booklet

When you have completed the booklet, please hand it to the nurse in charge. You can add more information to the booklet if you think of anything later. We will put the booklet with your relative's notes at their bed-side.

How you can help

You can help by bringing in items that your relative regularly uses at home so they can have them in hospital. This could be a photo or an object that they like. If it is a photograph, we can make a copy for you, which you can leave in hospital rather than the original so you do not have to worry about it getting lost or damaged.

Please speak to a nurse on the ward for more ideas.

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1. About me

Information to help us look after your relative/carer

Communication	
They like to be called:	
How do they like to communicate and in what language?	
Good topics for conversation (please tick):	Working life <input type="checkbox"/> family <input type="checkbox"/> people <input type="checkbox"/> treasured memories <input type="checkbox"/> pets <input type="checkbox"/> places <input type="checkbox"/> cooking <input type="checkbox"/> gardening <input type="checkbox"/> sports <input type="checkbox"/> games <input type="checkbox"/> music <input type="checkbox"/> hobbies <input type="checkbox"/> crafts <input type="checkbox"/> health <input type="checkbox"/> films <input type="checkbox"/> TV <input type="checkbox"/> holidays <input type="checkbox"/> religion <input type="checkbox"/> shopping <input type="checkbox"/> clubs <input type="checkbox"/> Extra information / other :
How can we tell they are:	Happy: _____ Sad: _____ In pain: _____ Needs help: _____
Do they have any issues if their care included physical contact?	
How do they react to a busy/ noisy environment?	
Eating and drinking	
Do they:	
Recognise food and drink	Yes <input type="checkbox"/> No <input type="checkbox"/>
Choose meals in advance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Use cutlery without help	Yes <input type="checkbox"/> No <input type="checkbox"/>
Need a lot of help to eat and drink	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eat on their own	Yes <input type="checkbox"/> No <input type="checkbox"/>
Prefer food to be cut into pieces	Yes <input type="checkbox"/> No <input type="checkbox"/>
Need prompting to eat	Yes <input type="checkbox"/> No <input type="checkbox"/>
Use fingers to eat	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Do they have any food intolerances, allergies or swallowing problems?	
What is their favourite food and drink?	
What food and drink do they not like?	
Environment	
How will the appearance of their bed area make them feel comfortable?	
What objects have they brought from home to help them feel secure?	

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2. Care needs

We need to know what help your relative/friend needs with their day to day tasks.

(Please describe or tick all that apply)

Pain	
Describe any pain they have	
Do they have any reoccurring pain?	
Extra information	
Mobility	
Walks independently without aids <input type="checkbox"/>	Needs supervision and help <input type="checkbox"/>
Walks independently with stick/frame <input type="checkbox"/>	Likes to walk at the same time each day <input type="checkbox"/>
Is unsteady when walking with stick/frame <input type="checkbox"/>	Sits safely without supervision <input type="checkbox"/>
Uses furniture to hold onto when walking <input type="checkbox"/>	Needs help sitting down and getting up <input type="checkbox"/>
Falls regularly <input type="checkbox"/>	Needs to be hoisted <input type="checkbox"/>
Does not like to sit for any time <input type="checkbox"/>	Unable to sit in chair without supervision <input type="checkbox"/>
How many falls have they had in the last 6 months?	
Do they wonder during the day/night?	
What equipment do they have at home to help with mobility?	
Extra information	
Sight	
Wears glasses <input type="checkbox"/>	Wears contact lenses <input type="checkbox"/>
When are they worn?	
Extra information:	
Hearing	
No problems <input type="checkbox"/>	Needs to be spoken to clearly <input type="checkbox"/>
Need to raise voice if speaking to them <input type="checkbox"/>	Completely deaf in both ears <input type="checkbox"/>
Extra information:	

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Washing	
Washes independently without prompting <input type="checkbox"/>	Needs help to wash <input type="checkbox"/>
Washes independently with prompting <input type="checkbox"/>	Unable to wash on own <input type="checkbox"/>
Do they like to wash at certain times of the day?	E.g. Morning/afternoon/evening
Extra information:	
Showering	
Uses shower at home <input type="checkbox"/>	Showers with help <input type="checkbox"/>
Showers without help <input type="checkbox"/>	Unable to shower on own <input type="checkbox"/>
Extra information:	
Oral care	
Do they have any issues with their dentures? E.g. When removing for cleaning.	
Do they have any problems with their mouth or teeth?	
Extra information:	
Using the toilet	
Continent and can use toilet on own <input type="checkbox"/>	Needs to be taken to the toilet <input type="checkbox"/>
Unable to control bowels or urine <input type="checkbox"/>	May use other places e.g. sink instead of toilet <input type="checkbox"/>
Taking medication for regular bowel movement <input type="checkbox"/>	On special diet for regular bowel movement <input type="checkbox"/>
What medication are they on for their bowels?	
Do they wear protective pads/clothing?	

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Do they need a catheter?		
Extra information:		
Sleep and rest		
Rarely wakes at night	<input type="checkbox"/>	They have woken up at
Regularly wakes at night	<input type="checkbox"/>	night in the last week <input type="checkbox"/>
How do they behave when they wake at night?		
How do they settle?		
When do they usually go to sleep at night and wake up in the morning? Do they take any naps during the day?		
Describe their bed time routine. E.g hot drink, medication.		
Extra information:		
Dressing		
Dresses on own	<input type="checkbox"/>	Needs help and prompting to dress <input type="checkbox"/>
Can dress if clothes are laid out	<input type="checkbox"/>	Needs help with buttons/zips <input type="checkbox"/>
Unable to dress on own	<input type="checkbox"/>	
What does the person wear at home when relaxing?		
Extra information:		
Medical care		
How might they react to injections/drips/having blood taken?		

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How might they react to being hoisted?	
Extra information:	
Medication	
Are they allergic or sensitive to any medication?	
What medication do they take at home regularly?	
Do they have any other issues when taking medication?	
Extra information:	

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3. Additional information

This is extra information to make your relative/friend feel more settled.

Decision making

What decisions do they make on their own? E.g care, hygiene, meals, planning their discharge	
Do they have a Power of Attorney or Advanced Directive?	
Extra information:	

Mood

What is the persons mood like at home?	
What make them feel sad/ frightened/angry/agitated?	
What makes them feel calm again?	
Extra information:	

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History

What information about their history can give an insight into their life when younger. Where did they grow up? What were their parents like? What was their occupation? Their marriage, children and important relationships.

Extra information

Please include any other information which will help us to understand and help your relative/friend during their stay with us.

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Further information

For more information about our hospitals and services please see our websites www.swbh.nhs.uk and www.swbhengage.com, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Text has been adapted from 'Excellence in Dementia Care, About Me' from New Cross Hospital, Royal Wolverhampton NHS Trust.

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: swb-tr.swbh-gm-patient-information@nhs.net



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