

Focus on the Person

Information about:

(FULL NAME)

A form to help the hospital staff understand usual needs and wishes of a person who is living with dementia

Please check monthly and insert dates when checked

Who should complete this form?

This form is for completion by the person living with dementia and/or their support partner.

A support partner is a relative or friend of the person with dementia who provides them with support and/or care and who sometimes speaks for them.

Community support staff can also assist the person with dementia and/or the support partner with completion of the form.

The main thing is that the views, needs, and wishes of the person with dementia are documented.

What is the purpose of the form?

Letting the hospital staff know about usual needs and wishes of the person with dementia can be difficult during an emergency hospital visit. The Focus on the Person form provides an opportunity to document such information, in case it is needed.

What should be done with the form at the hospital?

The person with dementia or their support partner should give this form to the nurse in the Emergency Department (or to the ambulance staff who will pass it on). The Emergency Department nurse should ensure that the form goes with the person with dementia if they are admitted to a ward so it can inform care.

Please request or print a new form when full



The remaining pages are for you to complete. Please tick the appropriate boxes and provide the additional information requested. If using a paper copy, please use a black or blue pen and write in block letters. We recommend checking information monthly. Please use the 'UPDATES' sections to add any changes.

This form provides information about:

FULL NAME

who likes to be called:

COMMUNICATION

1 Communication

Language(s) used at home

Talking

Can talk freely

Can talk a little

Never speaks

Communication aids

(e.g. picture cards, communication board, iPad App).

Preferred conversation topics/prompts

(e.g. show family photos)

Preferred activities

(e.g. listening to classical music)

Guidance or support needed

Frequent re-orientation and reminders helpful?

No

Yes

Any body language to look for? No

Yes



(e.g. indicates need for toilet)

DATE FIRST COMPLETED

UPDATES

Section number

Date

Change

Section number

Date

Change

Section number

Date

Change

HOW DO THINGS USUALLY WORK?

2 Sleep and rest

Night time sleep: Chair Bed **Time:** From To

Routines that help: _____

Day time sleep: No Yes Sometimes
Where: Chair Bed **Time:** From To

Routines that help: _____

More information
including any special
comfort measures in
chair or bed (e.g. to
avoid pressure)

3 Eating and drinking

Drinks: need to be thickened? No **Yes** ▶
Please explain: _____

Drinks preferences
(including type and
temperature) _____

Drinks alcohol? No **Yes** ▶ How often:
When:
What type:
How much:

Food: Normal Cut-up Soft Minced/
mashed Pureed

Likes (please detail):

Dislikes (please detail):

Cultural preferences No **Yes** ▶
Please explain: _____

Intolerances No **Yes** ▶
Please explain: _____

Allergies No **Yes** ▶
Please explain: _____

Diabetic diet No **Yes** ▶
Please explain: _____

Help needed? Yes No ▶ **Supervision needed?** Yes No

Other information or
prompts that help _____

UPDATES

Section number
Date
Change

Section number
Date
Change

Section number
Date
Change

Section number
Date
Change

PERSONAL CARE

7 Toileting

Day time: can use toilet? No **Options used** e.g. bottle, pads _____

Yes **Any times preferred?**
Help needed?
Yes No **Supervision needed?** No Yes

Prompts that help _____

Night time: any different needs? No **Yes** _____

8 Bathing

Shower No **Yes** **How often?**
When?
Help needed? No Yes
Sit or stand? Sit Stand
Supervision needed? No Yes

Prompts that help with showering _____

Shaving No **Yes** **Type:** Electric razor Safety razor
Usual shaving routine

Dental Help or supervision needed with teeth cleaning? No Yes

Dentures No **Yes** **Top** Bottom
Denture adhesive used? No Yes
Any concerns with wearing? No Yes

Prompts, help or supervision needed with teeth/dentures _____

9 Dressing

Clothes: is any help needed? No **Yes** **Please explain:** _____

Preferences:
Supervision needed? No Yes

Prompts that may help? _____

Footwear: is any help, supervision or prompting needed? No **Yes** **Please explain:** _____
Preferences or needs: _____

UPDATES

Section number
Date
Change

Section number
Date
Change

Section number
Date
Change

Section number
Date
Change

HOW ARE KEY HEALTH ISSUES USUALLY MANAGED?

10 Vision

Spectacles used? No Yes ▶ When used: _____

Eye drops needed? No Yes ▶
For what and when: _____

Any other vision concerns? _____

11 Hearing

Deafness? No Yes ▶ Left Right Both

Aids used: _____

Preferences for fitting and wearing _____

Any other hearing concerns? _____

12 Pain

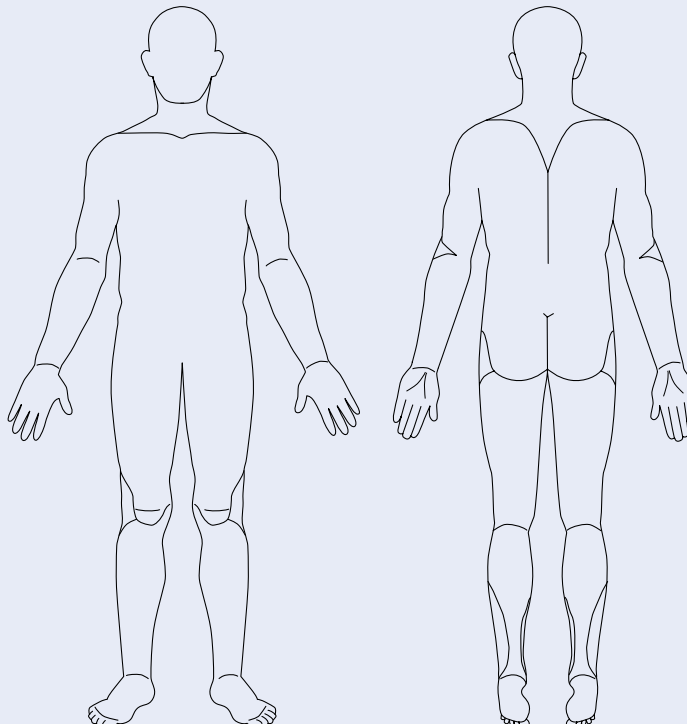
Any ongoing pain concerns?

No Yes ▶ Ways pain is shown _____

What makes it better _____

What makes it worse _____

Please click or mark with a cross on the diagram where pain occurs



UPDATES

Section number

Date

Change

Section number

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Section number

Date

Change

Section number

Date

Change

HOW ARE KEY HEALTH ISSUES USUALLY MANAGED?

13 Usual tablets and medicines

How are tablets taken? (e.g. with milk, in jam) _____

Are any tablets crushed? No Yes ▶
Please explain: _____

How are liquid medicines taken? _____

An up-to-date list of tablets/medicines is a useful addition to this form — see www.nps.org.au (search for 'medicines list') — or ask your pharmacist.

14 Signs of distress

Any signs that usually indicate distress? (e.g. calling out, becoming agitated)

No Yes ▶ What are they? _____

When might this happen? _____

What makes it better? _____

What makes it worse? _____

15 Mood changes

Do distressing mood changes or other responses occur?

No Yes ▶ Sometimes Often
What happens and any known triggers

Responses from the staff that may help

Is help or care provision ever stressful, refused, or resisted?

No Yes ▶ Sometimes Often
What happens and any known triggers
(e.g. cultural issues, care from males or females, personal space)

Responses from the staff that may help

UPDATES

Section number

Date

Change

Section number

Date

Change

Section number

Date

Change

Section number

Date

Change

16 Anything else the hospital staff should know?

Recent significant events

Past hospital experiences

General ‘dos’ and ‘don’ts’

Please list up to 5 things that are the most important for the staff to know

Other information (e.g. spiritual or religious needs)

This form was completed by

Name:

Preferred contact:

Why this form was developed

This form recognises:

- 1 the importance of the hospital staff understanding care and/or support needs of people living with dementia who are admitted to hospital so that care within the hospital can be tailored to the individual
- 2 challenges faced by people with dementia and their families/support partners when trying to explain all the relevant information to the hospital staff within the context of the busy hospital environment.

In particular, the form is intended to inform hospital care tailored to meet the needs of the person with dementia to minimise risks of distress and other negative outcomes such as falls. For more information about the evidence used to inform form development, and the processes undertaken, please see the following paper:

Burton E, Slatyer S, Bronson M, Nichols P, Quested E, Hill A, Maher S, Aoun S, Hill KD, Kuno Y, Toye C. Development and pilot testing of the “Focus on the Person” form: Supporting care transitions for people with dementia. *Dementia* 2017;0(0), DOI: 10.1177/1471301217736594

Acknowledgements

Form development was undertaken at Curtin University and funded by the Dementia Collaborative Research Centre: Carers and Consumers at Queensland University of Technology. The DementiaKT Hub, that makes the form available, is supported by the Knowledge Translation Program of the Dementia Centre for Research Collaboration and Dementia Training Australia and is funded by the Australian Government.

The team undertaking form development included Elissa Burton, Susan Slatyer, Pam Nichols, Eleanor Quested, Samar Aoun, Keith D Hill, Yukiko Kuno, and Chris Toye, all of whom were at Curtin University. Susan Slatyer and Chris Toye also held joint positions at Sir Charles Gairdner Hospital. Other staff of this hospital who were involved were Mary Bronson, Andrew Hill, and Dr Sean Maher. More staff members of Sir Charles Gairdner Hospital, Alzheimer’s Australia WA, and Juniper supported the project, as did support partners of people with dementia, sometimes with input from the person with dementia. Dr Craig Sinclair of the Cognitive Decline Partnership Centre advised on revisions for the front page. Additional input from a variety of stakeholders, including Carers WA, is also acknowledged with thanks. The form was designed by Octavo Typography & Information Design. The School of Nursing, Midwifery and Paramedicine at Curtin University funded recent form revisions.