

GUIDELINE ON PERIOPERATIVE MANAGEMENT OF PATIENTS WITH DEMENTIA

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Introduction

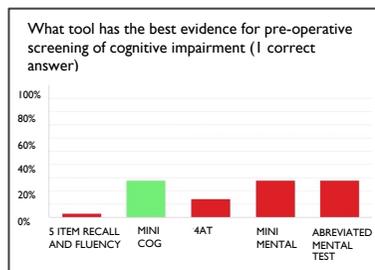
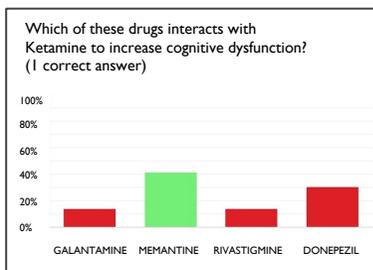
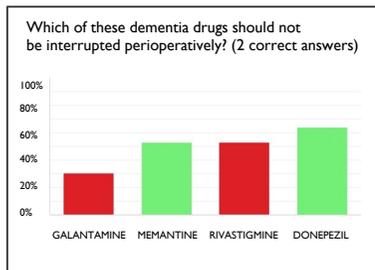
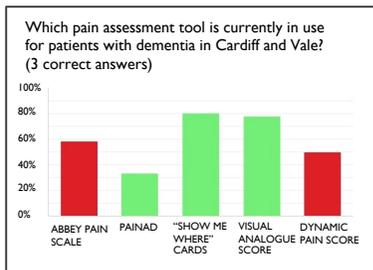
Our aim was to improve perioperative planning for patients with dementia. We undertook a departmental survey to gauge the level of awareness of the perioperative management of patients with dementia. Based on the results, we collaborated with our Care of the Elderly and Pain teams to design a perioperative guideline based on the 2019 Association of Anaesthetists Guidance on the topic⁽¹⁾. This guideline is intended for use in elective pre-assessment clinic and in the care of emergency cases where dementia is present. To embed the guidance, we have designed and delivered teaching materials to multidisciplinary audiences.

Survey

Our survey received 36 (21%) responses from different levels of experience with 50% of responses from consultants and 50% from trainees.

Survey Results

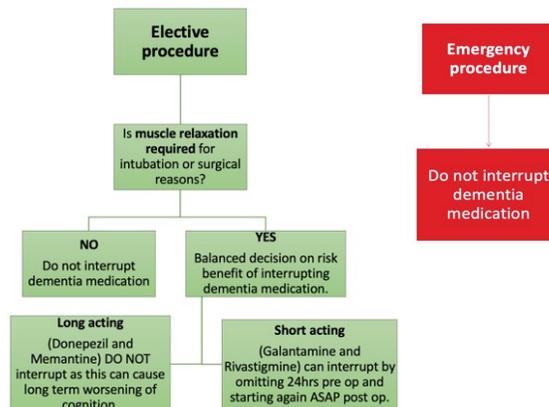
Correct responses ● Incorrect responses ●



Minimising Perioperative Disruption of Dementia Medications to Preserve Cognition

Neuromuscular blockers and reversal agents can interact with drugs used in dementia to cause unpredictable clinical effects. Our flow diagram highlights where it would be prudent to omit doses of dementia drugs.

We recommend use of Bispectral Index (BIS) monitoring in dementia patients to minimise impact on cognition by avoiding unnecessary depth of anaesthesia.



Pain Assessment

Our Pain team recommends the use of PAINAD for pain assessment in patients with dementia. We suggest that this and other synergistic methods of assessing pain, such as "Show me where?" cards are prescribed on anaesthetic charts and that this is handed over to recovery and ward staff⁽²⁾⁽³⁾.

	0	1	2	Score
Breathing Independent of vocalisation	Normal	Occasional laboured breathing, short period of hyperventilation.	Noisy laboured breathing. Long period of hyperventilation. Cheyne-stokes respiration	
Negative vocalisation	None	Occasional moan or groan. Low level speech with a negative or disapproving quality.	Repeated troubled calling-out. Loud moaning or groaning. Calling out.	
Facial expression	Smiling, or inexpressive	Sad. Frightened. Frown.	Facial grimacing.	
Body Language	Relaxed	Tense. Distressed pacing. Fidgeting.	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out.	
Consolability	No need to console	Distracted or reassured by voice or touch.	Unable to distract, console or reassure.	
				Total



Pre-Assessment Checklist

The checklist is intended for use in patients with a diagnosis of dementia. It acts as an aide memoire for practitioners to ensure a holistic approach to perioperative care has been carried out.

Read about me - We will be offering a copy for patients with dementia to take home from pre-assessment clinic to fill in with relatives prior to admission. We hope this improves the quality of information gathered and the proportion of patients with "Read about me" forms completed. This should enable staff to communicate more effectively with patients, especially during reduced visiting access during the COVID-19 pandemic.

POAC Checklist For Patients With Known Dementia

Offer "Read about me" document to fill in at home and bring to ward on admission.	
Clinical Frailty Score: (All patients with dementia have a minimum CFS of 5)	
What is this patient's package of care?	
Have perioperative medication alterations been discussed with patient and/or carers/family?	
Have items to place in the patient's bed space been discussed e.g. photos and clock?	
How does this patient show when they are in pain?	
Request patient is booked first on list to minimise environmental disruption, starvation time and dehydration?	

Embedding Practice

We have created a digital lecture covering our dementia guideline aimed at senior anaesthetists. Our perioperative geriatrician has compiled a video lecture about assessment using the Clinical Frailty Scale (CFS)⁽⁴⁾ and an "Older Surgical Patient" workshop, delivered to foundation doctors and senior nurses which also highlights the important aspects of care for dementia patients.

We plan for CFS to be calculated in all over 65s in pre-assessment clinic, recognising other causes of frailty and similarly focus further work on improving the perioperative journey for these patients.

Acknowledgments

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References:

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