

About hospitalization

Staying at a hospital can make anyone feel anxious and upset. The experience can be especially traumatic for a person with Alzheimer's disease or another dementia. The change from home to an unfamiliar environment and the added stress caused by illness, medications, other medical treatments and possibly pain are likely to make the person more confused and disoriented than usual. Knowing what to expect can help you, family and friends understand these changes. Planning ahead can make hospitalization less difficult for everyone.

Causes of hospitalization

Many people with Alzheimer's disease and other dementias also have serious medical conditions, such as heart disease, pneumonia and hip fracture, and need hospital care because of these conditions. Others need hospital care because of symptoms related to their Alzheimer's disease or other dementia. Even if the hospitalization is for a medical condition, the person with Alzheimer's or other dementia will affect many parts of the process. It is important to be sure that the doctors, nurses and others who care for the person know about his or her dementia.

Expected and unexpected hospitalizations

Some hospitalizations are expected, and others are unexpected. If there is a medical emergency, it may be necessary to take the person to the emergency room where he or she may be treated and sent home or admitted to the hospital. In any case, it helps to be prepared.

Avoiding unnecessary hospitalizations

- Ask the doctor if the procedure, test or treatment can be done in an outpatient clinic.
- Ask the doctor how long the person will be in the hospital.
- Find out if tests can be done before admission to shorten the hospital stay.

- Find out if the doctor plans to consult with other physicians. If so, ask if consulting physicians can see the person before he or she is admitted.

Preparing for an expected hospitalization

- Ask questions. Be sure you understand: the person's diagnosis, the name of the procedure, the risks and benefits, expected results, and expected length of recovery.
- Talk with the doctor about how the procedure and hospital stay are likely to affect the person's thinking and behavior.
- If anesthesia will be used, ask how it will affect the person's level of confusion.
- Ask about the use of physical or chemical restraints. Restraints are intended to protect the safety of a person, but can cause physical harm and jeopardize independence and dignity.
- Try to get a private room. Privacy may help calm the person.
- Have a family meeting or conference call to discuss responsibilities. For example, who will take the person for preadmission testing and who will stay at the hospital during surgery.
- Alternate visiting hours to share caregiving.

Making hospital admission as easy as possible for the person

- If the person is capable of understanding and handling stress, talk to him or her about the hospital admission.
- Involve the person in discussions and decision-making as much as possible. Consider recording the person's wishes about life-sustaining treatments, brain donation, etc.

- Prepare the person for the hospital visit. Just before leaving the house, explain that the two of you are going to spend a short time in the hospital. Keep explanations simple. If the person resists, put the visit in a positive light. Tell him or her that you and the doctor need his or her help to solve a problem.
- Make person feel comfortable away from home—bring a photograph, favorite blanket or security object.

Preparing for an unexpected emergency room visit or hospitalization

- Be prepared for an emergency room visit or unexpected hospital stay by creating an emergency kit in advance. Some items to include:
 - a list of current medications and food allergies.
 - copies of advance directives.
 - insurance information.
 - name and phone number of physician.
 - name and phone number of friends or family members who could stay with the person in the emergency room while you are filling out forms.
 - a note explaining the person's dementia and particular needs.
 - nonperishable snacks.
 - change of clothes.
 - extra disposable briefs if they are usually worn.
 - pen and paper to write down symptoms and doctor's or nurse's instructions.
- Be patient. There could be a long wait in the emergency room.
- Be aware that emergency room staff often has no or little training in dementia; help them communicate with and understand the person.
- Comfort and reassure the person.

Making the person as comfortable as possible in the hospital

- Remain with the person as much as possible. Try to be in the room when the person wakes in the morning, when medications are given, catheters are inserted, or

when the doctor stops by.

- Communicate with the person when you cannot be there. For example, if the person can read, leave a note that says: "Mom, you fell down and broke your leg. Please rest quietly." Telephone often or leave a tape recording of familiar sounds and voices from home.
- If possible, hire someone to be with the person 24 hours a day or when you cannot be there.

Working with hospital staff

- Be sure that hospital staff who interact with the person know that he or she has Alzheimer's disease or another dementia. If the person is more confused in the hospital than at home, let the staff know that too.
- Provide information about his or her personal habits, diet or eating preferences, and any medications that he or she is taking.
- Type up a list of tips for hospital staff, such as, "Don't leave him alone with the television on. It confuses him," or "Take her to the bathroom every two or three hours, or she will be incontinent."
- Make sure that all information you provide to hospital staff about the person is also included in his or her medical chart.
- Alert the staff if the person wanders. See that they take measures to ensure his or her safety.
- Make sure the person wears an identification bracelet, such as the one available through Alzheimer's Association's Safe Return™.

Developing a post-hospital plan

- Work with healthcare providers to plan for long-term care or the person's return home.
- Ask these questions:
 - Will the person tire more easily as a result of surgery?

-
- What activities the person will need extra help with?
 - How long it will be before the person can resume normal activities?
 - How long the person must wait before doing exercise, such as walking?
 - How long the person will be in pain and what can be done to ease it?
- Ask for an in-home nurse or other assistant. A social worker or care planner can help make arrangements that are within your means.
 - Make sure you understand what must be done after hospitalization, including:
 - Medications and their dosages, scheduling, side effects and when they can be stopped.
 - Therapy.
 - Special procedures such as bandaging, elevating body parts, fluid intake and urination, monitoring bruises and swelling.
 - Signs of emergency and who to call.
 - A schedule of follow-up visits to the doctor.
 - Ask for help from family or friends.

The Alzheimer's Association is fighting on your behalf to give everyone a reason to hope. For more information about Alzheimer research, treatment and care, please contact the Alzheimer's Association.

Contact Center **1.800.272.3900**

TDD Access **1.312.335.8882**

Web site **www.alz.org**

e-mail **info@alz.org**

Fact sheet updated **June 2, 2004**

Resources

Alzheimer's Association Safe Return™ is a nationwide identification, support and registration program that provides assistance when a person with Alzheimer's or a related dementia wanders and becomes lost locally or far from home.

To find out more about Safe Return or to obtain a registration form, contact your local Alzheimer's Association, call 1.800.272.3900 or register online at www.alz.org/safereturn.