



# The hospital handbook

**A guide to supporting someone living with dementia during their stay in Burwood Hospital**

## About this guide

The hospital can be a stressful place for you and the person you care about. We have produced this guide to help you feel less anxious about a stay at Burwood Hospital for someone you support living with dementia.

Burwood Hospital is one of Aotearoa New Zealand's centres of excellence for rehabilitating older people. We are the first hospital in New Zealand to be accredited as working towards being dementia friendly.

If you have any questions or concerns about the care of the person you support, feel free to speak to a care team member.

## Contents

Chapter 1	What to bring into hospital	3
Chapter 2	Who's who	7
Chapter 3	Visiting	11
Chapter 4	Confusion or distress	16
Chapter 5	Delirium	21
Chapter 6	Pain	24
Chapter 7	Mobility	27
Chapter 8	Discharge	29

## Chapter 1

# What to bring into hospital

This chapter talks about some of the things that are useful to bring in when someone living with dementia is admitted to hospital. Having things to help the person you support adjust to the hospital environment can help to make a difficult time a little less stressful. People living with dementia are more likely to be admitted to hospital, so it can be useful to be prepared. You may want to be ready for future admissions by having a bag that is always ready and packed.



Here are some key things to bring in for your loved one:

### Clothes:

- Pyjamas and dressing gown
- Changes of comfy indoor clothes
- a laundry bag to take clothes home to wash
- Cardigans or fleece jackets for warmth
- An outfit for day of discharge, including coat, weather-appropriate clothes, and shoes



### Dentures (false teeth):

- Dentures and denture pot labelled with the person's name and date of birth
- Denture brush and adhesive
- Any specific instructions for use



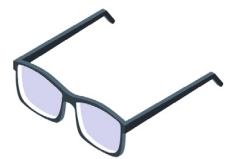
### Footwear:

- Socks, shoes, and slippers. Safe footwear has a closed back, low heel, non-slip soles, and a way to tighten them.



### Glasses:

- Glasses
- Glasses case (labelled with name and date of birth)
- Cleaning cloth
- Instructions for use (for example, for reading or all the time)



### Aids:

- Hearing aids in a box labelled with the person's name and date of birth. If possible, bring the instructions.
- Any equipment the person uses to support their mobility like a cane or frame. Be sure to name these.



## Here are some more things that are useful to pack for people living with dementia:

### The right information

It may help to have a file or folder of personal and medical information that can be shared to help our hospital team care for the person you support.

The Health and Disability Commission offers a Health Passport booklet to help you gather this information together. It is a really useful way to share important information about the person living with dementia and how to support them.

If the person you support already has a health passport, please bring it in and give it to the ward clerk at the ward reception.

You can download a health passport from the Health and Disability Commissioner's [website](#) or ask a staff member.

The Health Passport should go with the person when they are discharged.

The person's pharmacist can help create a medicines list called a "yellow card". If the person you support already has a yellow card please bring it in and give it to the ward clerk.

Before the person leaves hospital, the hospital pharmacist can help to update or create a yellow card.

A member of staff may talk with you and the person about their preferences, values, goals and plans for their health care. This is called "shared goals of care". These plans and conversations help us provide patients the care they want at times when they are unable to tell us.



## Toilet bag with familiar items

Staff will try to strike a balance between providing help for self-care and maintaining independence. It is easy for people to become reliant on care and lose some of the skills that they came into hospital with, like washing and dressing. The person you support will be encouraged to do what they can for themselves.

Packing familiar toiletries can increase a person's ability to do more for themselves and maintain their own routine. You might pack:

- Comb or hair brush
- Favourite soap or shower gel
- Deodorant
- Toothbrush and toothpaste
- Perfume or aftershave
- Electric razor or safety razor and shaving cream
- Make-up or other pampering items to promote well-being such as hand cream



## Familiar objects

Familiar objects can help a person living with dementia to feel safe and comfortable in the unfamiliar hospital environment.

Distinctive things from home like a blanket can sometimes help the person to recognise their room. It is really helpful to have some things from home to help pass the time of day and prevent boredom. Please name these items. You might pack:

- Copies of meaningful photographs that staff can use to spark conversations. It's great if the photos have labels about who and what is in them. A list of people that the person you care about might talk about in conversation, explaining how they are connected, can be very helpful for staff.
- The person's tablet, iPad, or radio. Bring headphones so the noise doesn't disturb other patients. There is free guest WIFI.
- Things the person enjoys doing like knitting or puzzles
- Newspapers, magazines, or books
- A favourite blanket



## Chapter 2

# Who's Who

When a person is admitted into hospital, they are cared for by an interdisciplinary team (IDT) of healthcare professionals, each with different expertise and specialist skills. As a care-partner you are an essential part of the team! Do introduce yourself to the relevant people. You may find you have to repeat the same information to different people in the team – please bear with us as we each have our own areas of expertise. The information you provide us with will enable us to provide your loved one with the very best care.

### People in the inter-disciplinary team that you may meet:

#### Doctors

Patients will be under the care of a consultant (a very senior doctor) who is responsible for the overall management of their care. The consultant will usually have a team of more junior doctors who will see the patient more frequently.



#### Nurses

Nurses are responsible for the day to day running of the ward and delivering the daily care plans for the patients. Each ward has a Nurse Manager and they are usually the best person to ask about discharge plans or any other issues that come up on the ward.



#### Ranga Hauora team members

The Ranga Hauora service helps tangata whaiora (patients) feel at ease in our hospital environment and work with the rest of the multidisciplinary team and whānau, hapū, and iwi to assist goals and recovery.





## Occupational Therapist (OT)

An OT assesses a person's 'functional ability' which means their ability to perform tasks ranging from going to the bathroom to making a cup of tea. They can help the person's independence and functioning with adaptive aids and strategies.



## Physiotherapist

A physiotherapist assesses a person's ability to mobilise (walk) and transfer (move from one position to another, for example, sitting to standing). They can help with mobility aids and exercises to follow to improve strength and balance.



## Speech Language Therapist

Difficulties in communication or swallowing can be common as people's dementia progresses. Speech Language Therapists can assess communication or swallowing difficulties and advise on strategies to help.



## Dietician

A dietitian is an expert in food and nutrition. They may be asked to look at whether a patient's diet can be changed to reduce the risk of malnourishment and make sure that the patient is getting all the calories and vitamins that they need.



## Social worker

Social workers are available to assist patients with family and personal problems. They can provide information, counselling, and liaison services. They can also advocate on patients' behalf.





## Other helpful people you may meet:

### Hospital Aides

Our Hospital Aides usually spend the most one-to-one time with patients. They will help out with personal care and meals, which makes them a really good source of information about how your loved one has been during their shift.



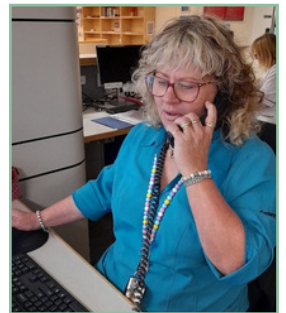
### Kōwhai Companions

These trained volunteers spend time with selected patients to provide company and engagement. They can help make the hospital experience friendlier for patients, and help family and whānau feel that they can take a break.



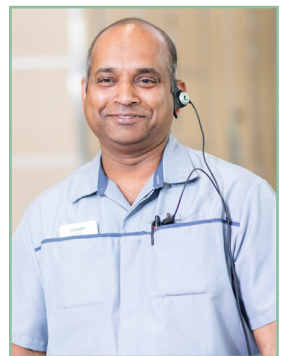
### Ward clerk

Ward Clerks welcome patients and their visitors to the ward. They make sure that patient records are updated and make arrangements with other departments, for example to arrange x-rays or appointments.



### Orderlies

Our friendly orderlies help clinical staff take care of patients' needs by transporting patients, making deliveries of clinical equipment and documents, maintaining equipment, and other practical tasks.



### Pharmacists

Hospital pharmacists provide help and advice to hospital patients in all aspects of their medicines. They can help you and the person you support understand their medication and answer any questions they may have about their medication.



## Chaplains

The chaplaincy team offers confidential compassionate support, prayer, and a listening ear regardless of your faith. You can ask the ward clerk or one of the care team to arrange a visit.



## Catering assistants

Catering Assistants provide a personal meal service with food and drinks according to each patient's dietary needs.



## Project SEARCH

Project SEARCH is a one year programme that young people with a disability develop skills to enter the workforce with confidence. Our Project SEARCH Interns work can be found in a variety of roles across the hospital.



## Volunteers

"Meet and greet" volunteers in the main foyer are available to help you find your way around the hospital.



## Phlebotomist

Phlebotomists collect blood from patients and prepare the samples for testing. They are experienced at putting people at ease. The phlebotomist may visit the person on the ward or see them at the collection centre on the first floor.



## Chapter 3

# Visiting

Patients can feel lonely and worried in hospital, so visiting regularly can help keep them in the loop and maintain their wellbeing. Here are some tips to make visiting easier:

### Visiting

Visiting hours at Burwood Hospital are from 11 am to 7 pm. If a situation arises where you feel it is important for you to be there outside these hours, talk to the Charge Nurse Manager.

You can even ask about bringing in a pet for a visit.

Please don't visit if you have diarrhoea, vomiting, or symptoms of COVID. We can help to arrange phone or video calls instead.

To help prevent infection, please use the hand sanitizer when you enter the hospital, after visiting the toilet, and before helping with any meals.

### Staying calm

It's easy to say, but it's really important that you try to keep calm during your visits. If you are stressed or upset when you visit the person living with dementia, they are likely to pick up your nonverbal cues.

The person living with dementia is often already feeling vulnerable and nervous. They will be looking to you for reassurance and positivity.

If you are very stressed it may help to take a break to clear your head, even if it is just to take a walk off the ward.

### Having help

It can be useful to make a roster of visits with family or friends so that when other people are going to visit, you can have time off.



## During your visit:

### Thinking ahead

Engaging with visitors and activities can help reduce boredom, stress, and anxiety for patients. It can be helpful to think about a couple of 'things to do' during your visit to help engage the person. Think of these as just possibilities to try out - every visit will be different and sometimes people may not feel like engaging. Some people may appreciate a 'lower stimulus' visit if they are having trouble settling, talk this over with staff.

### Activity trolley

Each of our wards has an "activity trolley" with puzzles, magazines, adult colouring, games, and more that you are welcome to use during your visit.

### Familiar topics

In hospital, a person with dementia is often bombarded with questions that they cannot answer. Talking about familiar topics and happy memories can help them feel more in control and connected to themselves. You may have heard these stories hundreds of times, but the pleasure and the benefit is in the telling.

### Things from home

You could try bringing in some prompts like a newspaper, magazine, or letter from a family member to spark conversation. Photos are another great way to help the person feel connected and talk about themselves and their life. Sometimes just reading aloud or sitting quietly beside the person as they nap is enough.

### Out of the bedroom

You may be able to accompany the person to the ward lounge, the cafe, or outdoors for a change of scenery.



## A change of scenery:

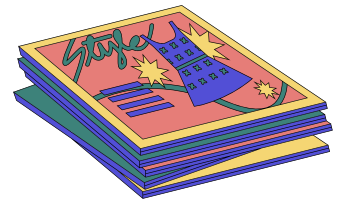
### Food and drink:

- A visit to the cafe can feel like a 'normal' and enjoyable way to share time during a visit for some patients. The cafe is open from 8am-4pm. It is in the ground floor foyer.
- There are drink machines for free hot drinks for patients and visitors in an alcove by the cafe.
- There are also snack and cold drink vending machines in the foyer near the pharmacy.



### Shops:

- There is a Unichem Pharmacy in the ground floor foyer for prescriptions, health supplies, and toiletries. They are open from 8.30 am to 5 pm Monday to Friday.
- There is also a gift shop in the ground floor foyer with flowers, magazines, and gifts. This is run by hospital volunteers. It is open from 9.30 am to 4 pm Monday to Friday.
- The Burwood Hair Boutique is on the first floor near the lift. They are open from 9 am to 5 pm on weekdays and 9 am to 1.30 pm on Saturdays.



### Outdoors:

- There are courtyards near the cafe that you can sit in to get some fresh air.
- There is a nearby reserve called the Travis Wetlands with a walking track. It is across Mairehau Road.



## Ground floor map:



Ward AG
Older Person's Mental Health
Ward BG
Older Person's Mental Health
Ward CG
Adult Rehab (BIRS)
Ward DG
Stroke
Reception
Volunteer shop
Pharmacy
Lifts & stairs to all floors

Ward FG
Ward GG
Surgical Orthopaedic Unit (SOU)
Ward HG
Spinal
Physical Medicine (Therapies)
Hydrotherapy Pool
Occupational Therapy
Physiotherapy
Speech Language Therapy
Minor Surgery - Former BOPU



## First and second floor map:



### Level One

Ward B1

Ward C1

Ward D1

Orthopaedic Rehab Unit (ORU)

Outpatients



### Level Two

Ward B2

Ward C2

Ward D2

## Chapter 4

# Confusion or distress

Being admitted to a hospital, away from your familiar surroundings and support network, can be confusing and distressing. Dementia impacts a person's ability to adapt to new situations and use coping strategies, so patients can feel overwhelmed and become frightened or angry. In this chapter, we provide some tips about visits when the person seems more confused or upset than usual.

### Talk with us

For carers, seeing the person being distressed in the hospital can cause a great deal of stress, worry and upset. It's important for you to let our hospital team know about any new behaviour that you observe because this might be an indication of a treatable problem.

### Look for the message

Changes to the way people respond are sometimes referred to as 'challenging behaviour'. It's much more helpful to think of these behaviours as a way of communicating distress and responding to the situation. This prompts us to try to understand the meaning behind the responses and find out how best to help.



## Understanding why a person might be distressed:

What may appear irrational or illogical to us makes sense to the person living with dementia and their experience of the world. It is our job to try to work out the hidden message. We need to watch what the person is doing, not just what they are saying. For example, you might ask yourself the question, "She seems angry; what is she trying to tell me?". Common messages hidden within distressed behaviour include:

### Pain

We will talk more about pain in Chapter 5. People may show pain through their emotional responses - for example, they may feel sad, anxious, grumpy, or be angry if someone hurts them accidentally.

### Boredom

Being in hospital can remove people from their hobbies, roles and responsibilities. This can cause boredom, which can lead to frustration, irritability, depression, and restlessness.

### Depression and anxiety

These conditions can be often overlooked because the symptoms can be mistaken for "just being the dementia". People might show disturbed sleep, reduced concentration, restlessness.

### Versions of reality

People may respond to their interpretation of what is going on. For example, yelling at a stranger who comes into your bedroom may make sense if you think you are at home. These different interpretations of reality are more common if the person has a delirium. We will talk more about delirium in Chapter 4.



## Helping when a person is confused or upset:

### Reassure

The person you support mightn't be able to remember things you have already told them, and they may talk about things you know are incorrect. Try to remember that they probably value feeling reassured and safe over being corrected.

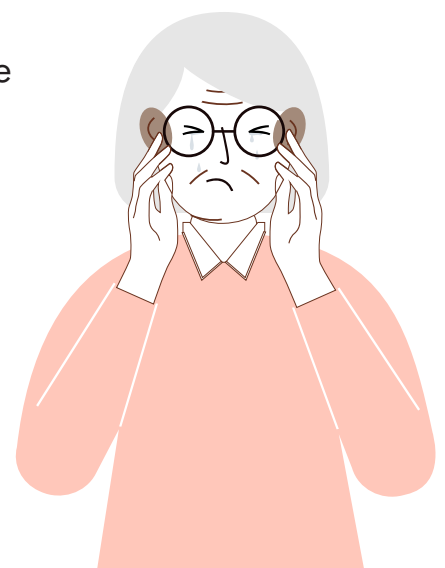
Kindness, patience, and an understanding of their reality are key to helping the person living with dementia feel safe and understood. Don't underestimate the power of a kind gesture such as holding their hand, a cuddle, or a cup of tea.

### Problem solve

A bit of detective work can often help sift out the meaning of what a person does when they are distressed. For example, a person might keep saying that they need to go to work even though they are long retired or that they need to pick up their child from kindergarten even though their children are grown up.

Maybe they are feeling a lack of control and security in this unfamiliar environment. They are trying in their own way to overcome worry and feeling lost. You could talk to them about these roles and listen to their stories. You could let them know that they have done a great job and the child or workplace is doing well while they are here in hospital.

Sometimes understanding what the person's actions are communicating can help us change things to make the person feel better. For example, a particular person might become restless and walk around when need to go to the toilet. When we understand what their responses are communicating, it can help us provide better care.

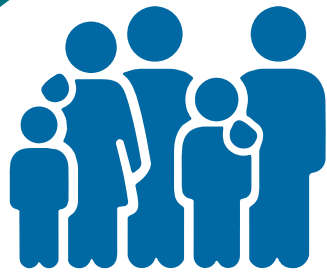


## Communicating

Here are some key tips to consider when communicating, especially if the person is more confused or upset:

- Make eye contact when you are talking to them.
- Minimise distractions. For example, turn the TV down or off and make sure that you have their full attention.
- Speak slowly and simply.
- Pause between sentences to ensure that they have understood you.
- Try saying things a different way if they don't seem to have understood.
- Use other forms of communication such as gestures, facial expressions and the tone of your voice.
- If somebody is shouting and distressed, try to use a low, soothing tone to your voice. If you match their energy, you will likely escalate how they are feeling.





Kōrero mai  
Talk to me

# Worried?

about changes in

breathing      sleepiness  
heartbeat      restlessness  
colour          pain  
confusion

**Concerned**  
you are not being heard?



**Te Whatu Ora**  
Health New Zealand  
Waitaha Canterbury

Kōrero mai – Talk to me is a service you can use in the hospital if you are concerned about a change in the condition of the person you are supporting and you are not being heard.

1

You can press the call bell to talk to a Nurse or to ask for the Nurse in Charge.

2

**STILL VERY CONCERNED?**

You can ask the nurse or nurse in charge to request an urgent doctor review

3

**STILL VERY CONCERNED?**

Call 0800 999 400 and ask for a review.



## Chapter 5

# Delirium

### What is delirium?

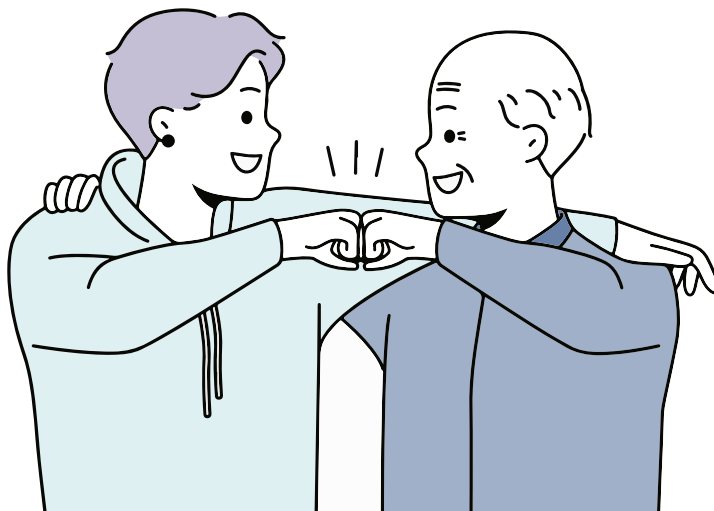
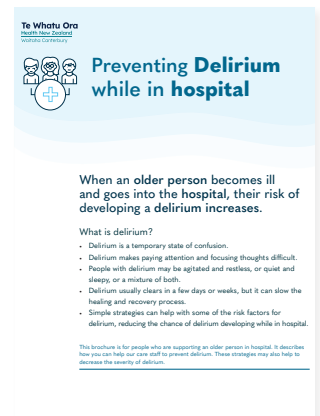
Delirium is a sudden onset of confusion. It makes paying attention and focusing on thoughts difficult. Delirium usually clears in a few days or weeks, but it can slow the healing and recovery process. Having dementia increases the likelihood of developing delirium.

Delirium can be overlooked when a person has dementia because our hospital team may not know what level of confusion is normal for them.

It is really important that the team have clear and accurate information from you if you notice a change, so that they can identify and investigate any sudden changes in behaviour or memory that may indicate that a delirium has developed.

### How can I help prevent delirium?

Changes to the way people respond are sometimes referred to as 'challenging behaviour'. It's much more helpful to think of these behaviours as a way of communicating distress and responding to the situation. This prompts us to try to understand the meaning behind the responses and find out how best to help.



## What does delirium look like?

People with delirium may be agitated and restless, or quiet and sleepy, or a mixture of both.

### 1. Hyperactive delirium

The person may seem more agitated or emotional. Their memory may be worse than usual and their speech may seem muddled. With this type of delirium, the person can often seem frightened or angry. They may experience hallucinations or believe that people are trying to harm them (for example they may believe that they are in prison or that somebody is poisoning their food). The person may appear to have endless amounts of energy and not sleep well.



### 2. Hypoactive delirium

The person may appear more 'sluggish' or withdrawn than usual. They may find it difficult to concentrate or focus on the thread of a conversation. With this type of delirium, a person can often seem very withdrawn or depressed. The person may appear to have no energy and may spend most of the day sleeping. Although this type of delirium is much more common, it is also harder to spot.



## What does delirium look like?

### Talk to us

If the person you support suddenly seems more confused, paranoid, or sleepy, make sure that the staff are aware of this. This will prompt them to “Think Delirium” and investigate whether there is an underlying cause. The quicker they have this information, the quicker the delirium can be addressed.

### Understand

It can be scary and upsetting to see a sudden dramatic change in how a person thinks or behaves. Delirium can cause a person to behave in a way that is out of character for them. Keep in mind that they are acutely unwell and that given the right treatment this should significantly improve.

### Visit

Sometimes you may feel as though you’re not able to help or it may feel uncomfortable and distressing to see somebody experience delirium. Generally, if you are able to continue visiting, please do. Having a familiar person generally does help the patient to feel safe and less anxious in the unfamiliar hospital environment.

### Reassure

People with delirium often fluctuate between moments of clarity and confusion. They may have vivid dreams and strange ideas that can be very frightening.

Let the person know that you understand how horrible it is for them, and avoid arguing about what’s real. Try to be calm and reassuring.



## Chapter 6

# Pain

### Pain in hospital

Pain is a leading cause of delirium and is thought to be responsible for a large proportion of 'distressed behaviours' (see Chapter 7). It can also change the way that a person communicates, interacts and participates in life on the ward which can impact their recovery.

The fall or medical condition that brought the person into the hospital may cause pain. There are unfortunately many other common sources of pain as well. As people get older, they may develop a number of long-term conditions such as arthritis. If a person is now spending a lot of time in bed or sitting down, this can also cause discomfort. Changes in weight and not looking after teeth can cause mouth pain or uncomfortable dentures

Pain in people living with dementia can be harder to spot because they may not be able to describe or report their pain. Changes to their memory, communication skills, and problem-solving may make it less likely that they can understand what their pain is and formulate a plan to have the pain treated. This means that often, people with dementia have to rely on those around them to be able to spot that they are in pain and provide the appropriate treatment.

### Helping spot pain

Because you know the person you support so well, you are in a really useful position to be able to spot whether there are any changes to the way a person seems to be or is behaving.

When trying to detect pain in a person with dementia it is often useful to look out for non-verbal signs. This means that if you notice a change, you can alert staff so that they can help treat the pain.



## Signs to look out for

### Sounds

The person may make some sounds and noises that suggest that pain is present. Examples include calling out, sighing, shallow or laboured breathing or any other sound that is unusual for them.

### Facial expression

Knowing how the person you support looks when they are relaxed makes it much easier for you to be able to spot when they look tense, uncomfortable or in pain. There are some common things to look out for. These include frowning, a furrowed brow, tense jaw, down turned mouth or grimace.

### Body language

The presence of pain may cause a person's body language to change. The person may cradle or nurse a part of their body or they may attempt to guard or protect a part of their body. You may notice changes in the way a person sits, walks or holds themselves. They may appear more rigid and tense.

### Behavioural changes

Changes in behaviour, routine and the way that a person interacts with others can all be signs of untreated pain. A person who is usually relaxed and chatty may suddenly appear irritable. Somebody who is usually very active may want to stay in bed all day. Pain can cause people to lose interest in food. A person might get very upset or angry when someone tries to touch them



## How can I help if pain occurs?

### Talk with us

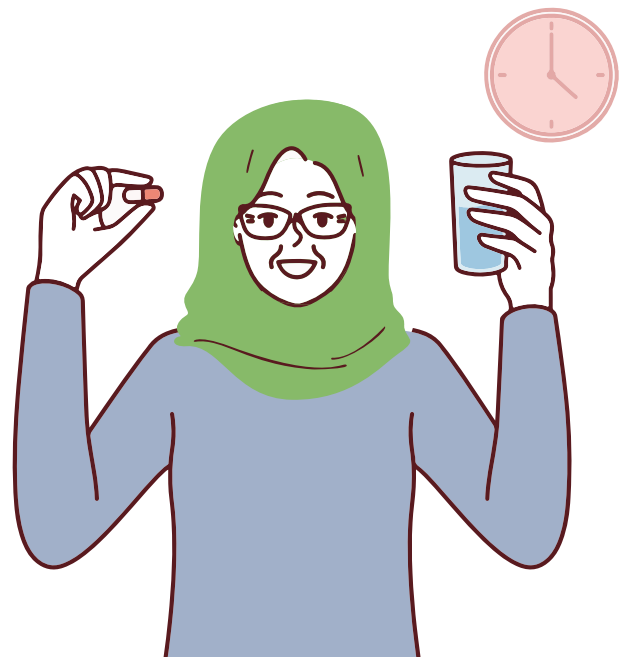
If you spot changes that indicate pain, please share that information with the care team. It's important that you take note of what signs are present so we can learn these signals and may be better at spotting pain in the future for the person.

### Discuss treatment plans

Once the presence of pain is established, the medical team can discuss the treatment options. Many people find that taking a painkiller regularly every four hours is the best way of keeping on top of pain, especially when the person living with dementia has challenges requesting pain relief.

The team will make careful choices about the right option for pain relief, avoiding medication that may make the person feel more confused or become constipated.

For people living with dementia who do not like taking pills, a pain-relieving patch can be a good choice.



### Calm and distract

Studies have shown that the experience of pain is worse for people who are lonely, bored or worried. This means that once an appropriate pain management plan is in place, there are lots of other things that you can do for the person to help their experience of the pain improve.

Regular visits, meaningful activities and chats about familiar topics can help distract a person from any unpleasant feelings or sensations. If your loved one is spending more time in bed or a chair than usual, you may be able to help them to move and mobilise. We talk more about this in the next chapter.



## Chapter 7

# Mobility

### Mobility in hospital

Mobility refers to the way a person can move around. This includes the ability to walk, use a wheelchair or other assistive equipment, and transfer from laying to sitting or from sitting to standing. Mobility is a key component of how the team will assess a person's independence and progress while they are in Burwood Hospital.

People living with dementia can 'decondition' if they stay in bed while they are in hospital. For example, for people over the age of 80, 10 days in bed can age muscles by 10 years! Inactivity in hospital can also contribute towards other health problems such as pressure injuries, circulation and breathing issues, and longer stays in hospital. Being up and moving has a number of positive effects such as helping appetite and sleep and reducing the risk of constipation and falls.



To help our older patients recover as well as possible, our staff encourage them to be up and moving as soon as it is appropriate. Here are some tips and advice on how you can help.

### Helping staff understand what has changed

Your involvement, information, and support at an early stage can help the care team make the best clinical decisions. The team may ask you about what level of mobility is normal for the person you support and what equipment and techniques they are used to. For example, a person may use a raised toilet seat to help them stand up from the toilet or they may 'furniture walk', which is a technique where people walk around a space using furniture to support them.

## Information

When a person with dementia is in hospital and is anxious about their new surroundings and routine, it can sometimes be hard for staff to successfully engage them in an activity such as walking. You can be really useful in helping staff to understand the best way to explain things, what the best way to motivate them is and what time of day they might feel more like getting up and walking. Sharing information about the person's interests, routine and personality can help the staff build a relationship with them that can improve how they work together.

## Equipment

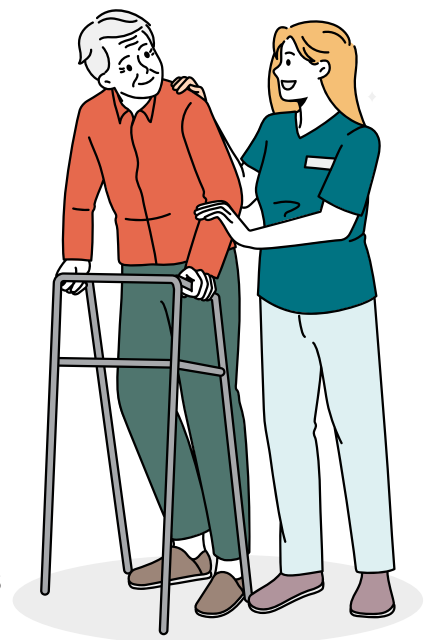
The physiotherapist may have prescribed a piece of equipment, for example a walking frame, for the person to use to promote independence and safety. It is really helpful for you to learn how the equipment should be used, so that you can encourage the person you care for to use it appropriately.

## Routine

You can also help by making walking and moving a regular part of your routine when you visit. Just ask a staff member about what is appropriate for the person you are visiting.

Walks may be as simple as heading to the lounge. Sometimes the best strengthening exercises are performed as part of a person's usual daily tasks, for example standing at the sink to brush their teeth or walking to the toilet.

Even if your loved one isn't able to walk, encouraging them to sit in a chair rather than lying in bed, helping with gentle bed exercises from the physiotherapist, or going for a walk in a wheelchair can still be of benefit.



## Chapter 8

# Discharge

With the right support, most people with dementia do better in a familiar environment. The team caring for the person you support will start making plans to discharge them home as soon as it is appropriate.

If there are changes to the support the person will need or to where they are going to live, a series of assessments and conversations will take place prior to discharge.

Your knowledge and participation are an important part of planning safe discharge and ensuring that everybody feels supported and comfortable.

If there is more than one person supporting the person living with dementia, it is often a good idea to decide on one point of contact. This can help communication as plans for discharge can change at short notice.

### Some things to think about before discharge

- If the person is mobile, you will be able to take them home yourself in a car or taxi when they have been discharged. If you have any difficulty with transport, please let the Charge Nurse Manager know or ask to see a social worker.
- Morning discharges can give you plenty of time to get the person home and settled in before dark. We usually try to discharge patients about 11 am.
- Staff may give information about new medicines. If you are unsure what the medicine is for or think there may be any difficulty for the person managing their new medicine, talk to staff.
- The person may have follow-up appointments in the weeks or months post-discharge. The clinic or department will send an appointment card. The person's GP team is your central point of contact for all their health needs after discharge.
- Even if the person is usually able to do some shopping, it can be a good idea to make sure that there are enough groceries to last a few days.



## Settling in at home

It is likely that the person living with dementia will require some time and support to settle back into their home environment and daily routine. It is usually easier to settle somebody back into home than it is to settle them into hospital, but the same principles apply. Reassurance, a calm and relaxed environment, and quiet time can help the person feel safe and happy to be home.

If the person has had a delirium or if they have had a change in their functional abilities as a result of their time in hospital, they may need some time to adapt to new circumstances. If the person is having a new package of care, it is often useful to be there the first time the new home-based support worker visits. This gives you the opportunity to meet the person and properly introduce them to your loved one.

## Support in the community

If you haven't already, this may be a good time to find out about the services that Dementia Canterbury offers. They provide free, community-based education, activities, and specialised support services for people living with dementia in the community and carers across Canterbury and the West Coast. They also offer support for carers who are adjusting to a transition to aged residential care for the person they support.

You can find out more at:

Website:

<https://dementiacanterbury.org.nz/>

Email:

[admin@dementiacanterbury.org.nz](mailto:admin@dementiacanterbury.org.nz)

Phone: 03 379 2590



## End of life care

If a person with dementia is approaching the end of their life then it is not always appropriate to start discharge planning.

Our teams will do their very best to help you navigate these difficult circumstances.

If the person has previously expressed wishes about where they would like to die, our teams will work hard to honour this where possible.

A person may be supported at home, in hospice, or in another appropriate facility.

If the person will stay at Burwood Hospital for the last days of life, we will work with you to make arrangements about making their remaining time in hospital more comfortable.



Our ward staff and specially trained palliative care team will offer care and information for you and the family while your loved one is dying and also after they have died. If you would like the support of the hospital chaplains, this can be arranged.

We have developed Comfort Care Kits that were funded by the Burwood Hospital Volunteer group. These have items you can borrow to bring a more comforting sense of a home environment. With your permission we can place a special sign on the door, named He Tohu Aroha, to show that the patient is at the final stages and signal staff to be sensitive and mindful of our behaviour around the patient and whanau.

Na koutou i tangi, na tatou katoa: When you cry, your tears are shed by us all.

## Notes

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Te Whatu Ora**  
**Health New Zealand**  
Waitaha Canterbury

Burwood Hospital Dementia and  
Delirium Group

This booklet is adapted with permission  
fromwork by Danielle Wilde, Dementia  
Lead, RoyalFree London NHS Trust