Skilled dementia care must not become the preserve of specialists

The predicted rise in cases of dementia means all nurses working with adult patients in acute care must develop skills in caring for people with the condition, says Liz Lees.

The nursing workforce is ageing and so are nurses’ relatives. A colleague recently revealed her exasperation at trying to care for a relative with dementia while also trying to work full-time.

Sadly, this situation is not unique – almost everyone seems to know someone with the condition. That is hardly surprising since around 700,000 people in the UK have dementia, and this number is predicted to double to 1.4 million over the next 30 years (Department of Health, 2009).

It is fantastic that the national strategy for dementia was published and I believe we are already capable of achieving some of its huge list of objectives. These are: radically improving the quality of care; increasing awareness of dementia; and ensuring an informed and effective workforce.

A common problem for acute medical units is managing patients with dementia and delirium, who often present in a distressed state and are frequently aggressive and challenging to deal with. Managing such patients comprehensively represents the ‘bread and butter’ of all acute assessment skills.

Patients with dementia are frequent users of all kinds of hospital services, so the issue of providing radically improved quality of care is therefore not confined to nurses working in elderly care settings. Across acute care (especially in acute medical areas) nurse staffing levels must be increased to manage the complexity of caring for patients with dementia.

Delirium is common and often goes unrecognised in patients with dementia, with potentially catastrophic consequences. The challenges of dealing with acute delirium often demand one-to-one care ratios until the episode is over. We readily accept such nursing levels on intensive care units, yet would we readily support this ratio for our most vulnerable adults with dementia?

Key to increasing awareness is to concentrate on developing the most important areas of expertise and not to forget HCAs’ role in the care process. Nursing patients with dementia requires expertise at all levels of the workforce. HCAs and nurses must be trained to recognise delirium and to apply management strategies in acute situations.

Outside of such training, nutrition, hydration, safety and communication are pivotal to providing quality nursing care for patients with delirium and dementia. I apologise that this is basic nursing care revisited, but that is what is needed – delivered consistently for each individual.

I totally support training to achieve an informed and effective workforce (DH, 2009), but while there is discussion about new roles, comprehensive assessors and clinics, I fear there is a hidden danger looming. All nurses caring for adult patients in acute care must have the opportunity to develop new skills in dementia care.

Caring for patients in acute settings with the condition must not become a specialist role where a referral has to be made for specialist knowledge, which is not always shared widely in practice. Practice guidelines, which have transferable principles for all acute areas, must be developed by nurses to address the core issues of managing patients with dementia.

There are challenging times ahead for nurses working in acute care if they are to truly embrace the changes in practice that this strategy outlines.

LIZ LEES is a consultant nurse, Heart of England NHS Foundation Trust, Birmingham

REFERENCE