

## Care of Confused Older Persons Staff Survey please circle Pre/post

Hospital: \_\_\_\_\_ Date: \_\_\_\_\_

**We would like you to take some time to think about your experiences in caring for people with confusion in the hospital setting, and then answer the below questions.**

1. Designation (eg RN, CNC, Allied Health, Intern) \_\_\_\_\_
2. Years of service \_\_\_\_\_
3. Have you received training on managing confused older patients? YES /NO
4. Do you feel the training has been sufficient? YES /NO
5. Thinking over the last month, what is the behaviour you find most difficult when caring for a patient with dementia and/or delirium?
 

<input type="checkbox"/> Confusion	<input type="checkbox"/> Disorientation	<input type="checkbox"/> Drowsiness or lethargy
<input type="checkbox"/> Agitation	<input type="checkbox"/> Aggression	<input type="checkbox"/> Resistance to care
<input type="checkbox"/> Pulling out tubing	<input type="checkbox"/> Lack of co-operation	<input type="checkbox"/> Crying or calling out
<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Trying to climb out of bed or abscond	
<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Suspiciousness or paranoia	
<input type="checkbox"/> Other: _____		
6. Have you been exposed to any episodes of aggressive behaviour? YES /NO
7. How confident do you feel in the management of a patient with confusion?
 

0	1	2	3	4	5	6	7	8	9	10
<i>Not confident at all</i>										<i>Very confident</i>
8. How much stress does managing a patient with confusion cause you?
 

0	1	2	3	4	5	6	7	8	9	10
<i>No stress</i>										<i>Extreme stress</i>
9. How confident are you in recognising the risk factors for Delirium?
 

0	1	2	3	4	5	6	7	8	9	10
<i>Not confident at all</i>										<i>Very confident</i>
10. How confident do you feel in recognising when a patient has delirium?
 

0	1	2	3	4	5	6	7	8	9	10
<i>Not confident at all</i>										<i>Very confident</i>
11. How confident are you in using the Confusion Assessment Method (CAM) to assess for delirium?
 

0	1	2	3	4	5	6	7	8	9	10
<i>Not confident at all</i>										<i>Very confident</i>

**Please answer true or false to the following statements**

Questions	True	False
1. Fluctuating between orientation and disorientation is not typical of delirium		
2. Acute alteration in cognition is normal for old people		
3. Treatment for delirium always includes sedation		
4. Patients never remember episodes of delirium		
5. It is best practice to restrain confused patients		
6. Delirium never lasts for more than a few hours		
7. The care needs of a person with dementia need to be focused holistically and include their carer		
8. A patient who is lethargic and difficult to rouse does not have a delirium		
9. Patients with delirium are always physically and/or verbally aggressive		
10. Delirium is generally caused by alcohol withdrawal		
11. Patients with delirium have poorer outcomes such as increase mortality rate and institutionalisation		
12. Behavioural changes in the course of the day are typical of delirium		
13. Dementia is the greatest risk factor for delirium		
14. Patients with delirium will often experience hallucinations		
15. A urinary catheter in situ reduces the risk of delirium		
16. The Confusion Assessment method (CAM) is the tool used to diagnose delirium		
17. An episode of delirium increases an individuals risk of developing dementia		
18. Dementia is the third leading cause of death after heart disease and stroke		
19. A cognition screen is not helpful in obtaining a baseline assessment of an older person		
20. The care environment can influence the behaviour of someone with dementia		