

Dementia - Occupational Therapy Assessment and Intervention Pathway

Pre-Admission

When funding has been agreed and service user has a date to be admitted.

Interest Checklist
Completed with family member over phone.
Activities Co-Ordinator

Possible 1:1 activities or groups that could be offered to be thought of and listed.

Life story
Completed with family member over phone.
Activities Co-Ordinator

To be made available on ward for ward staff to become familiar with.

Prompts for possible conversation starters and activities to be created.

Information gathering from current Occupational Therapist or Occupational Therapy reports.
Completed over the phone, email or on placement visit.
Occupational Therapist (OT)

Equipment required identified and requested.

Level of engagement and support required in ADL's noted and reported to ward staff.

Look at continuing to offer current Occupational Therapy interventions.

Assessments

Falls and mobility or hoisting/moving and handling assessment
Identify if appropriate
Complete within one week
No assessment required if service user has been observed to be mobilising and transferring independently with no issues on the ward.
OT+1 (OT/OTTI/OTA)

Refer to physiotherapist if concerns with strength or if mobility equipment is required e.g. WZF.

Review observation levels if high risk of falls.

Order equipment if required to reduce risk of falls e.g. bed and chair sensors.

Assessment placed in working file and care plan created.

Review three monthly or if increase in mobility or falls or decrease in mobility.

Seating assessment
Identify if appropriate
Complete within one week
No assessment required if patient is maintaining a good seated posture throughout the day.
OT

Identify if seating equipment can be utilised to correct posture. If not look at alternative chairs.

Implement equipment if required and assess. Assessment placed in working folder and care plan created.

Review six monthly or if seated posture changes.

Bathroom assessment
Identify if appropriate
Complete within two weeks
No assessment required if staff don't have concerns when completing personal care. If staff are currently completing strip wash or bed bath but wish to attempt shower/bath assessment to be completed.
OT+1

Identify if bathroom equipment is required.

Identify if shower or bath is safe or what risks are evident. If too many risk recommend strip wash or bed bath.

Implement equipment if required and assess. Assessment placed in working folder and care plan created.

Review six monthly or if any change in presentation or staff are experiencing difficulties.

Pool Activity Level
Routine after admission
OT

Level of activity of different areas assessed.

Ward staff informed and recommendations provided.

Review six monthly-Decline in level of activity to be reported and further recommendations given.

Bristol Activities of Daily Living Scale
Routine after admission
OT

Score to be totalled and areas of deficit identified.

Possible interventions to reduce deficits explored.

Review six monthly-Decline in overall score and individual areas to be reported and further interventions explored.

Meal time assessment (DMAT)
Identify if appropriate
Complete within two to three weeks
No assessment required if patient is able to feed themselves independently with no issues at mealtimes.
OT/OTTI/OTA

Observed across three occasions and mealtime behaviours that were seen documented.

DMAT utilised and interventions trialed and assessed.

Successful interventions care planned and MDT advised. DMAT placed in working folder and 1:1 folder if service user is on enhanced observations

Review six monthly or if any change in presentation or staff are experiencing difficulties.

Footwear assessment
Routine after admission unless patient is nursed in bed.
OTTI/OTA

Feet measured. Footwear appropriateness assessed for adequate support, good grip, safe to mobilise in etc.

Inappropriate footwear removed with patient consent or out of best interest-family informed.

Review six monthly or if staff have concerns about footwear.

Following Admission

Interventions
(Including but not limited to.)

Reminiscence café
Activities co-Ordinator and OTA

Sensory work
OT, OTTI OTA and Activities co-Ordinator

Community outings
OT, OTTI OTA and Activities co-Ordinator

Mealtime support for service user and ward staff
OT, OTTI and OTA

Provision of equipment
OT and OTTI

Ward based groups
Activities co-Ordinator

Improving strength and practicing balance and transfers
OT, OTTI OTA

Education for ward staff and family members
OT, OTTI OTA and Activities co-Ordinator

Maintaining or aiding in improving activities of daily living
OT, OTTI OTA

Interested based and person centred 1:1 sessions
Activities co-Ordinator