

CIRCLe Clinic
Cognitive Impairment Review Clinic

Phil Dillon RGN : (CNM2 Day hospital)

Deirdre Mc Govern RGN :(CNM2 EMI unit)

Dr Rory Mc Govern Consultant Geriatrician

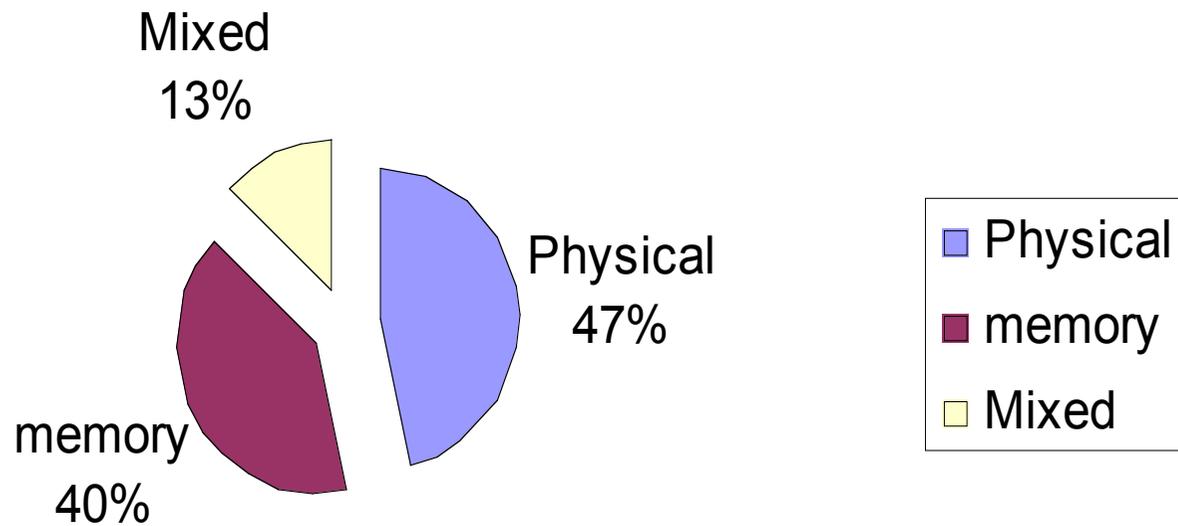
Sacred Heart Hospital, Carlow

Elderly Care Day hospital : Problem ?

- Increasing number of referrals (5000 > 65 y/age)
 - Frailty / Falls/ Reduced Mobility
 - Cognitive Impairment
 - Assessment for LTC
- Limited capacity in Off-site day hospital (Carlow)
 - 3 new patients and 12 reviews / week
- Emphasis on new patients (Diagnosis and MDT Assessment)
- Routine Review patients just not being seen
- New Junior Doctors every 3/12

Primary Care Referrals

Referral Category (n=40)



Solution ?

- Nurse –led clinic?
 - Parkinson's disease clinic (60 patients)
 - Diabetic clinic
 - Ulcer clinic
 - Physio led falls and exercise clinic
 - Physio led Parkinson's Disease class
- Dementia specific clinic?

CIRCLe clinic

- Nurse- led :
 - Day –hospital CNM2 and EMI unit CNM2
- All patients referred from day-hosp geriatric OPD
 - Full medical investigation and MDT Assessment
- Commenced July 14th 2010
 - Wednesday pm: 3 patients and Carers
 - 54 patients (22 male and 32 female)
 - Capacity for 120 + per year
 - Age –range (70-90 yrs)

Assessment : Multi-domain

Nursing / Medical

- BP (postural drop)
- U/A (MSU)
- Weight / BMI (change since last review)
- Annual routine bloods
- Medication
 - Compliance (venalink system)
 - Trial of cholinesterase inhibitors
 - Side/effects profile (opiate analgesia)

Assessment : Function

Functional Ability

- ADL's
- Instrumental ADL (driving)
- Referral to Allied Health Professionals

Social Support

- Home help / MOW / Day Centre /
- Advice to Carers (respite?)
- PHN / Alzheimers Society
- Family meeting

Assessment : Mental state

- Cognition

- Annual MMSE

- Mood

- Patient and Carer

- BPSD (12 separate behaviours)

- If + perform NPI

CIRCLE: documentation

COGNITIVE IMPAIRMENT REVIEW CLINIC

Phone: 059 91 36492 Sacred Heart Hospital, D14 Dublin Rd., Carlow. Fax: 059 91 36495

To GPs: _____ c/o: St. Luke's Hospital, Public Health Nurses.

Re: _____ Date: _____ Accompanied by: _____

Date last attended Cognitive Impairment Clinic: _____

Hospital admissions since previous review: YES (specify date) / NO

New medical issues: _____

Medication changes since last review: _____

SOCIAL SUPPORTS:

Meals on wheels: Yes / No Mon / Tues / Wed / Thurs / Fri / Sat / Sun

Day Care: Yes / No Mon / Tues / Wed / Thurs / Fri / Sat / Sun

Respite Care: Yes / No Wishes to provide: Yes / No

Home help: Yes / No Mon / Tues / Wed / Thurs / Fri / Sat / Sun

Family involvement: Yes / No

FUNCTIONAL ABILITY

<p><u>Independent ADL's</u></p> <p>Personal Care: No change / Improved / Deterioration</p> <p>Toileting: No change / Improved / Deterioration</p> <p>Mobility: No change / improved / Deterioration</p> <p>Falls: N/A / No Change / Improved / Deterioration</p> <p>Overall:</p>	<p><u>Instrumental ADL's</u></p> <p>Shopping: No Change / Improved / Deterioration</p> <p>Meal preparation: No change / improved / Deterioration</p> <p>House keeping: No Change / Improved / Deterioration</p> <p>Driving: N/A / No Change / Improved / Deterioration</p> <p>Financial man: No Change / Improved / Deterioration</p>
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Behavioural Concerns: *(If YES to any of the following please refer to NPI)*

Delusions: Yes / No	Apathy or Indifference: Yes / No
Hallucinations: Yes / No	Disinhibition: Yes / No
Agitation or Aggression: Yes / No	Irritability: Yes / No
Depression or Dysphoria: Yes / No	Motor Disturbance: Yes / No
Anxiety: Yes / No	Night time Behaviours: Yes / No
Elation or Euphoria: Yes / No	Appetite and Eating: Yes / No

Carer Concerns:

Patient Concerns:

Overall Impression:

Action Plan:

Weight: _____	BMI: _____	Weight loss: No Yes	Laboratory tests taken: (abnormal test results will be forwarded to GP)
BP: Sitting _____	Standing _____	Urinalysis: _____	Haematitics: Biochemistry: PSA: Serology:
MMSE: _____			MSU: Other:

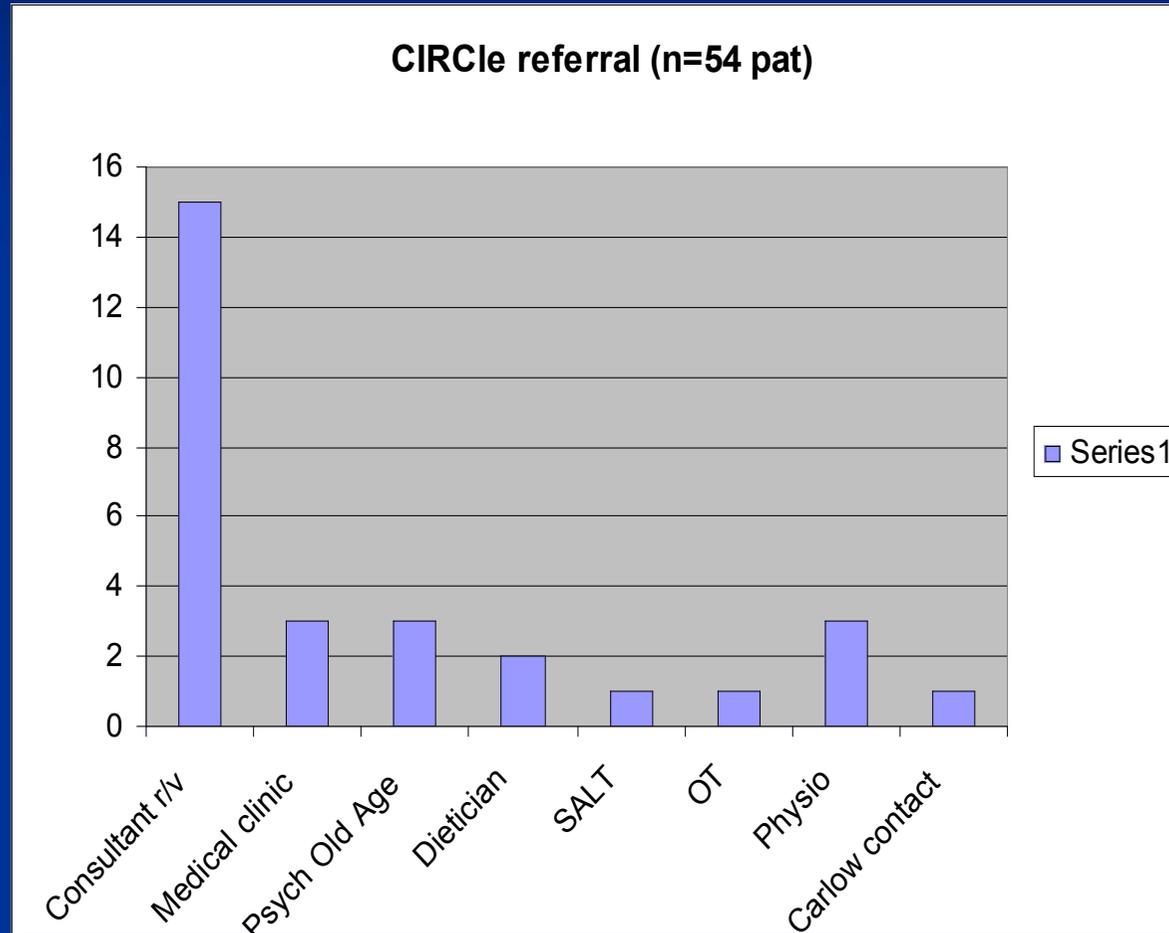
Cognitive Impairment Review Clinic - Review date: _____

Signature: _____ CLINICAL NURSE MANAGER 2. CLINICAL NURSE MANAGER 2.

CIRCLE: documentation 2

COGNITIVE IMPAIRMENT REVIEW CLINIC	
Phone: 059 91 36492	Sacred Heart Hospital, Old Dublin Rd., Carlow. Fax: 059 91 36495
FOLLOW-UP BY TELEPHONE CONTACT	
To GP: _____	Re: _____
Date: _____	
Last review date: _____	
FOLLOW-UP ON LAST ACTION PLAN DATED: _____	
NEW CONCERNS/ISSUES:	
NEW ACTION PLAN:	
SIGNED: _____	DATE: _____
CLINICAL NURSE MANAGER 2	

CIRCLe referrals



Negatives

- Is it a memory Clinic?
- No comprehensive psychological assessment
- Psych of Old Age input

Positives : Patient Focused

- Comprehensive
- Accessible
- Supportive
- Defined referral pathways
 - MDT
 - Community
 - Acute Secondary Care
 - LTC