COMMUNICATION TIPS FOR CLINICIANS CARING FOR OLDER ADULTS EXPERIENCING DELIRIUM DURING THE COVID-19 PANDEMIC

April 1, 2020

Isolation protocols and the use of personal protective equipment such as gowns, gloves, and masks can make people feel even more fearful and confused. People with hearing loss may have difficulty understanding what care providers are saying through a mask and may require written communication.

GENERAL COMMUNICATION TIPS

Non-verbal communication is critical to successful interactions. Remember to SMILE, they will hear it in your voice even if they can’t see your face and will be reassured.

Stay calm, slow down and be patient.
Maintain eye contact and position yourself so the patient can see you.
Introduce yourself, call the patient by name, and explain your role/what you are going to do.
Listen actively and keep your language and instructions simple.
Engage and empathise.

SAMPLE SCRIPT FOR PEOPLE WITH CONFUSION

“Hello, ___________ (use preferred name). My name is ______________, and I am your __________ (role). You are admitted in ______________ because you got sick. I am here to help you and make sure you are comfortable.” Explain the task and ask for permission to proceed before approaching the patient or touching them, e.g., “The doctor has ordered these medicines for you to help you feel better. Can I give them to you now?

COMMUNICATION TIPS FOR PEOPLE WITH AGITATION

It is very important for staff who feel confident and have training to try and de-escalate a person who may be experiencing agitation. If you appear anxious or fearful, it may escalate the person further. Stay calm, maintain a safe distance from the person in order to make them feel safe, have a colleague present for support and assistance, as needed, but only one clinician should talk to the person.

1 Verbally engage: Engage the person’s attention by calling their name in a gentle tone of voice: “Hello ___________ (use preferred name). I am ____________, your ________.

2 Establish a collaborative relationship: “I can see you are upset. I want to help you.”

3 Verbally de-escalate: “It’s okay. I am sorry you are upset. I am here to help you and keep you safe. How can I help you?” Repeat your message, if needed, as the upset person may not be able to hear and/or respond the first time.

Thank you to the many delirium experts across Ontario