

Cognitive Impairment

Prevention and Management Strategies – **PITCHED**

The pseudonym, **PITCHED** acts as a prompt to support non-pharmacological interventions and to prevent delirium in patients identified 'at risk' to delirium. Below is a brief description of the pseudonym. Further details can be found in the RHC Cognitive Impairment and Delirium Policy and Guideline. [NCGU Clinical Risk Policies \(sharepoint.com\)](https://www.sharepoint.com)



PAIN

- Regular assessment and management of pain
- Use appropriate pain assessment tool (especially if non-verbal)
- Agitated behaviour may indicate pain Consider trial of prophylactic analgesia



INFECTION

- Monitor for signs and source of infection
- Monitor skin integrity: ensure pressure injury prevention
- Ensure regular oral care
- Avoid use of catheters



THIRST

- Encourage fluids and maintain a fluid balance to ensure adequate intake
- Identify preferred fluids and offer each time you enter their room (if appropriate)
- Avoid caffeine at night



CONSTIPATION

- Monitor bowels and avoid constipation by considering regular aperients
- Promote high fibre diet and identify food types which supports regularity for the patient
- Encourage regular exercise



HUNGER

- Monitor nutrition ensure meal support as required
- Provide dentures and oral care
- Monitor weight. consider dietitian referral



ENVIRONMENT

- Maintain normal sleep/wake pattern
- Personalise environment and reduce clutter
- Avoid unnecessary stimuli
- Communication orientate: speak clearly: short sentences
- Ensure consumer has access to glasses and hearing aids if required



DRUGS

- Regular medication review Avoid polypharmacy
- Avoid use of psychotropic and sedative drugs. These medications to be used as a last resort only