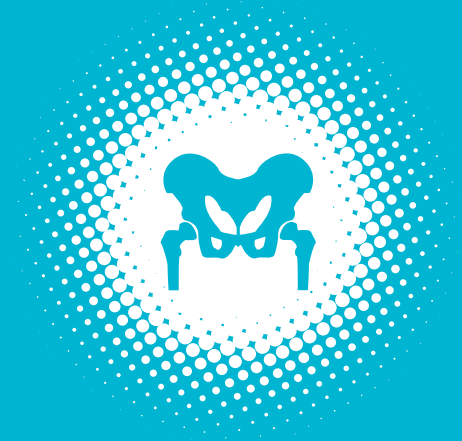


# THINKING AND MEMORY

Monitoring changes in memory and thinking (cognitive function) is important while in hospital because cognitive function affects recovery after hip fracture



**Someone you care about has had a hip fracture. Here is some information about how memory and thinking can impact their recovery.**

- Dementia is a pre-existing condition that affects thinking, memory and communication (cognitive function)
- Delirium is a state of confusion that can occur after a person suffers a broken hip
- Delirium can occur in an older person after any operation, especially if they already have difficulties with their memory and thinking
- Dementia is not the same as delirium but having dementia increases the risk of delirium
- Delirium is usually reversible
- Delirium can be caused by many things but the most common causes in people with a hip fracture are:
  1. Pain
  2. Having an anaesthetic
  3. New medications including strong painkillers
  4. Constipation
  5. Dehydration
  6. Infection
  7. Drug or alcohol withdrawal
- Symptoms of delirium are not always obvious and family and friends are often the first people to notice changes in a persons behaviour
- Some symptoms of delirium include decreased attention, confusion, changed perception, disorientation, hallucinations, or difficulty speaking
- It is recommended that patients with a hip fracture have repeated checks on their thinking and memory (cognition) before and after surgery
- Checking cognition regularly allows thinking and memory to be monitored before and after the operation to identify any unexpected changes

**37%**

*of patients with a hip fracture already had memory problems prior to being admitted to hospital with their hip fracture*





**You may feel like you want to do something practical to help the person you care for while they are in hospital. Here are some practical tips that might help in the days and weeks after surgery**

- Be alert for behaviours that are out of the ordinary for the person you care for and let the health professionals know if you have noticed any behaviours that are unusual:
  - » inability to follow a conversation
  - » slurred speech
  - » agitation or restlessness, drowsiness and slow reactions
  - » mood swings
  - » nightmares
  - » paranoia, hallucinations
  - » confusion that varies during the day and/or has started suddenly
- Offer reassurance and bring in some familiar objects from home
- Explain what's happening using short, simple sentences and be prepared to repeat what you say if necessary
- Stay calm and reassure the patient
- Make sure there is a clock and/or a calendar visible in the room. When you visit, share the day of the week, and the date, and the number of days since admission
- If possible, visit at meal times to help with opening food packets, eating, and to encourage fluid intake
- Encourage the person to get up and moving with help from the health professionals
- Each time you visit, clean spectacles (reading glasses) and make sure hearing aids are in working order
- Make sure the health professionals are aware of any regular medications (including alcohol) the person takes so they can be continued while in hospital
- If the person you care for has a time of the day where they are usually more alert, let the doctors and nurses know this is a good time for important conversations

**Listed below are suggested points for discussion about memory and thinking after a hip fracture. If you would like more information, place a tick in the box to remind you to discuss that point with the health care team.**

Tick one box for each statement below	I need more information	I have enough information
I feel confident I understand the outcome of the regular checking of the patient's cognition (memory and thinking)	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of simple strategies I can do to help prevent delirium in the person I care for	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident I know what signs of delirium to look out for while the person I care for is in hospital	<input type="checkbox"/>	<input type="checkbox"/>

**Information and data sourced from:** 1. ANZHFR Hip Fracture Care Guide: My Hip Fracture Information and Individual Care Plan <https://anzhfr.org/patients/> 2. Australia New Zealand Hip Fracture Registry 2022 Annual Report <https://anzhfr.org/registry-reports/> 3. Australian and New Zealand Guideline for hip fracture care – Improving outcomes in hip fracture management of adults <https://anzhfr.org/wp-content/uploads/sites/1164/2021/12/ANZ-Guideline-for-Hip-Fracture-Care.pdf> Accessed 1st September 2022 4. Royal College of Physicians National Falls and Fragility Audit Programme – A guide for family and carers. <https://www.rcplondon.ac.uk/projects/hip-fracture-carers-guide> Accessed 1st September 2022

