Diversity and Equality in Health and Care 2013;10:201–2

Practitioner's blog

Forget-me-not

Hannah Headden RN BA (Hons)
Staff Nurse, Emergency Department, St Mary's Hospital, Imperial College Healthcare Trust, London, UK

During a busy night shift, an ambulance brought an 88-year-old man to the Emergency Department (ED). A security guard in a block of flats had called the ambulance because the man seemed confused, agitated and unable to recall his home address. On arrival in the ED the man seemed calm and cooperative but extremely confused; he was unable to say where he was, or to state the time or the year. His vital signs were stable, he seemed to be physically well and there were no signs of any injury. However, blood tests were ordered to rule out any organic cause of his confusion.

The nurse who was looking after him gave him something to eat and drink. It soon became apparent that although he was confused about recent events, the man could remember his past and was eager to chat with the emergency staff. As the ED became quieter, many of the staff took some time to chat with the man. He was able to recall being a singer, and the name of the jazz band that he had sung with. He was happy chatting for a while but eventually became impatient and somewhat agitated. He was obviously uncomfortable with an intravenous cannula in his arm and unsure about where he was. Staff googled some of his music and played it for him to see whether this would ignite any memories and calm him down. The effect was immediate; he quickly responded and began to dance, tapping his toes and singing along to the music.

The results of all his blood tests were normal, so his intravenous cannula was removed. However, he had no intention of going to sleep as he was enjoying himself. Elderly patients are usually admitted to the short stay ward during the night and sent home in the morning, but in this instance it was decided that the man should stay in the ED in case he disturbed patients who were trying to sleep. Throughout the night, staff gave him time to his tell stories, played him music and even found pictures for him from the time when he had played in his band. Initially the man spoke English, but as the night wore on he began to speak in another language. As we learned more about him, we discovered that his jazz band had survived apartheid South Africa, where he had been born, and that the band had been one of Nelson Mandela's favourite performing groups.

Looking after this man was an extremely rewarding and positive experience. It highlighted how well emergency staff can work as a team to provide high-quality care for all patients. What was perhaps an even more important learning point was that we discovered the value of reminiscence for the older patient. Woods *et al* (2009, p. 9) recommend that, regardless of how confused a patient may be, particularly if they have cognitive impairment such as dementia, it is possible with time and patience to make valuable connections with the person that they were. This connection helps to frame them in a new light and, to an extent, restores their individuality and personhood, which are so often diminished by dementia. It also helps to accord them the respect they so truly deserve.

It is estimated that dementia currently affects over 820 000 people in the UK and that, at any given time, one in four inpatients in UK hospitals have some form of dementia (Sampson *et al*, 2009). Over the next 20 years, the number of people aged 85 years or over is set to increase by two-thirds. Many of these individuals will have dementia of varying degrees, and traditionally medical and nursing staff in acute care settings have not always had the specialist training necessary to respond effectively to this diverse and vulnerable group. Education and training programmes will help, and initiatives such as the *Forget-me-not Dementia Training* (www.forgetmenotdementia.co.uk) help to focus thinking, bringing staff together to explore new ideas to improve the quality of day-to-day life for people with dementia by changing the way we think about, speak to and act towards them.

However, positive and innovative as such initiatives are, they are no substitute for basic kindness and a genuine desire to respond effectively to individuals and their special needs. The staff who were caring for this man showed exactly these qualities, as well as great ingenuity, using technology to link him with his past. The outcome was a great sense of security, reaffirmation and reassurance. The man was recognised and respected for what he had achieved, rather than merely being viewed as a confused elderly patient. It is all too easy in the increasingly pressured and urgent environment of the ED to see the presenting complaint rather than the person behind it, especially if that individual

is unable to articulate just who he or she is. As this account testifies, trying to find the person through the mist that is cognitive impairment calls for alternative approaches and a degree of creativity, but the effort brings its own rewards. This heart-warming encounter left us all with a renewed sense of purpose and of a job well done, most of all because this man, and who he was, were not forgotten.

REFERENCES

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ADDRESS FOR CORRESPONDENCE

Hannah Headden, Staff Nurse, Emergency Department, St Mary's Hospital, Imperial College Healthcare Trust, London, UK. Email: Hannah.Headden@imperial.nhs.uk