

## Summary of Recommendations

	RECOMMENDATION	*STRENGTH OF EVIDENCE
Practice Recommendations	1. Nurses should maintain a high index of suspicion for delirium, dementia and depression in the older adult.	B
	2. Nurses should screen clients for changes in cognition, function, behaviour and/or mood, based on their ongoing observations of the client and/or concerns expressed by the client, family and/or interdisciplinary team, including other specialty physicians.	C
	3. Nurses must recognize that delirium, dementia and depression present with overlapping clinical features and may co-exist in the older adult.	B
	4. Nurses should be aware of the differences in the clinical features of delirium, dementia and depression and use a structured assessment method to facilitate this process.	C
	5. Nurses should objectively assess for cognitive changes by using one or more standardized tools in order to substantiate clinical observations.	A
	6. Factors such as sensory impairment and physical disability should be assessed and considered in the selection of mental status tests.	B
	7. When the nurse determines the client is exhibiting features of delirium, dementia and/or depression, a referral for a medical diagnosis should be made to specialized geriatric services, specialized geriatric psychiatry services, neurologists, and/or members of the multidisciplinary team, as indicated by screening findings.	C
	8. Nurses should screen for suicidal ideation and intent when a high index of suspicion for depression is present, and seek an urgent medical referral. Further, should the nurse have a high index of suspicion for delirium, an urgent medical referral is recommended.	C

\* See page 14 for details regarding "Interpretation of Evidence"

	RECOMMENDATION	STRENGTH OF EVIDENCE
Education Recommendations	9. All entry-level nursing programs should include specialized content about the older adult, such as normal aging, screening assessment and caregiving strategies for delirium, dementia and depression. Nursing students should be provided with opportunities to care for older adults.	C
	10. Organizations should consider screening assessments of the older adult's mental health status as integral to nursing practice. Integration of a variety of professional development opportunities to support nurses in effectively developing skills in assessing the individual for delirium, dementia and depression is recommended. These opportunities will vary depending on model of care and practice setting.	C
Organization & Policy Recommendations	<p>11. Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:</p> <ul style="list-style-type: none"> <li>■ An assessment of organizational readiness and barriers to education.</li> <li>■ Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process.</li> <li>■ Dedication of a qualified individual to provide the support needed for the education and implementation process.</li> <li>■ Ongoing opportunities for discussion and education to reinforce the importance of best practices.</li> <li>■ Opportunities for reflection on personal and organizational experience in implementing guidelines.</li> </ul> <p>In this regard, RNAO (through a panel of nurses, researchers and administrators) has developed the <i>"Toolkit: Implementation of clinical practice guidelines"</i>, based on available evidence, theoretical perspectives and consensus. The RNAO strongly recommends the use of this Toolkit for guiding the implementation of the best practice guideline on <i>"Screening for Delirium, Dementia and Depression in Older Adults"</i>.</p>	C