



Dementia Risk Negotiation Discussion Tool

For use to discuss issues of risk between Health Professionals, People with Dementia and Carers

This document provides illustrative screen captures of the tool and provides an example of the online version of the risk negotiation discussion tool.

Note these are to be used with the attached flash cards.

Risk is a part of everyday life – it is something that all of us deal with on a day-to-day basis. But when you have a cognitive impairment, some things that you used to do safely can become a risk. We recognise that for some things people choose to be at risk, and we are here to talk to you about the things you may be at risk for, or worried about, and how we can help you with these issues. We also acknowledge that risk does not always lead to harm, but we may be able to help you minimise your risks for some things. Along with your family member or friend, we will help you to figure out what the best option is for you, and how we can support you better.

Who will be taking part in this discussion?

- Person with Dementia
- Carer
- Nurse/health professional



You have indicated that the ability to eat food on a regular basis is an area of concern.

This was indicated by Nurse/Health Professional

Who is the risk to?

- Person with dementia
- Carer or other family
- Nurse/health professional
- Other

Does this client have sufficient resources at present to cope, or does this concern warrant an assessment by a Clinical Nurse Consultant (CNC) or Social Worker?

Note: if you are able within your scope of practice to provide information, resources or support to the client please do so.

- Yes, the client has sufficient resources to cope
- No, the concern warrants further assessment

What priority level is this concern?

- Priority 1: Refers to a client who has a factor which may be an immediate risk to their health, safety or the safety of others
- Priority 2: Refers to a client who is not at immediate risk but the level of care currently available to the person does not meet their needs or is not sustainable
- Priority 3: For a client who has sufficient resources available at present, but requires an assessment in anticipation of their future care requirements' and/or health outcomes



Finally, take a look at these last two cards. Do you need any support or information about these issues?

	Planning for the Future		Changing Behaviours
	Advance Care Planning	Power of Attorney	
Person with Dementia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse/Health Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You have indicated that advance care planning is an area of concern.

This was flagged by Person with Dementia, Carer

Who is the risk to?

- Person with dementia
- Carer or other family
- Nurse/health professional
- Other

Does this client have sufficient resources at present to cope, or does this concern warrant an assessment by a Clinical Nurse Consultant (CNC) or Social Worker?

Note: if you are able within your scope of practice to provide information, resources or support to the client please do so.

- Yes, the client has sufficient resources to cope
- No, the concern warrants further assessment



Some of the following strategies may be helpful in assisting the person with dementia to continue eating.

Note: in some cases the person with dementia may be able to continue without any strategies for the time being.

- Can an [aide be introduced](#)? (e.g. prompt mealtimes with phone call or alarm clock, provide nutritional supplements)
- Can a service be utilised? (e.g. meals on wheels, service to supervise preparation and intake of meals)
- Can the [environment be modified](#)? (e.g. avoid complicated or cluttered table settings)
- Can a behavioural strategy be utilised? (e.g. allow time for memory to respond, provide food that the person with dementia enjoys, have non perishable food, make food accessible, create routine around meal times)

If you are unsure, contact

- Local GP
- ACAS
- Clinical Nurse Consultant (Aged Care/Dementia)

Enter a brief summary of the discussion and its outcomes.

Advice given about place settings, and referral to online website given.

Discussion about routine and consistent meal times; client will try to implement routine around meal times.



While the person may not need assistance with advance care planning, would any of the following strategies be helpful?

- Can a service be utilised? (e.g. public advocate)
- Can a behavioural strategy be utilised? (e.g. find out about advance care planning, establish advance care plan)

If you are unsure, contact

- Local GP
- ACAS
- Clinical Nurse Consultant (Aged Care/Dementia)

Enter a brief summary of the discussion and its outcomes.

Client wanted to know more about what advance care planning was and how it worked. Information provided on what advance care planning is and how it can be implemented, along with where more information can be obtained.



These organizations provide helpful information for people living with dementia and their family and friends.

Alzheimer's Australia

<https://fightdementia.org.au/>

1800 100 500

Dementia Behaviour Management Advisory Services (DBMAS)

<http://dbmas.org.au/>

1800 699 799

Dementia Enabling Environments

<http://www.enablingenvironments.com.au/>

Independent Living Centres Australia (assistive technology and equipment)

http://ilcaustralia.org.au/search_category_paths

Alzheimer's Association (American)

<http://www.alz.org/>

Alzheimer's Society (United Kingdom)

<https://www.alzheimers.org.uk/>

Office of the Public Advocate

<http://www.publicadvocate.vic.gov.au/>

State Trustees

<https://www.statetrustees.com.au/>

Australian Government - Powers of Attorney

See this website for information regarding Powers of Attorney in your state or territory.

<http://www.australia.gov.au/content/powers-of-attorney>

Carers Australia

<http://www.carersaustralia.com.au/>