



# **Possible FTD Care Crises and Recommended Responses**

## Who can you turn to for help and advice?

For medical emergencies or concerns, you should seek medical advice as per the recommendations below.

If you have council services or a community care package, your first point of call for any non-emergency service linkage should be your case manager.

If your loved one is in residential care, you should liaise with the facility manager.

If you are not linked with these services, use our support service directory to find out how to get linked in.

## Concerns regarding health crises and emergencies including:

- Falls which lead to changes in mobility, pain or cognition
- Acute increases in confusion (rapid onset over hours/days)
- Fits/seizures
- Stroke symptoms (Facial droop, weakness in one side, slurred speech, altered conscious state)
- Rapid onset of altered conscious state/excessive drowsiness or acute increase in confusion over hours/days. This may be delirium.
- Choking with acute respiratory distress

## Recommended Response

*For a suspected stroke/ seizure or respiratory distress, call 000 and ask for ambulance attendance.*

*For all other scenarios make a judgement call. If the care recipient can't safely move or be transported in a car, call 000 and ask for ambulance, or if they can safely mobilise without significant discomfort, present to your emergency department ASAP*

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## **For a fall where the care recipient can't get up**

### **Recommended Response**

*Call 000 and ask for ambulance attendance. DO NOT RISK INJURY TO YOURSELF*

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## **Increasing difficulties swallowing, choking, drooling, recurrent chest infections or fevers**

This could indicate incoordination of swallowing reflex and difficulties for the care recipient in protecting their airway (Aspiration Pneumonia risk).

### **Recommended Response**

*Seek urgent medical attention and referral for Speech Pathologist assessment.*

*If you already have a specialist clinic or speech pathologist, contact them.*

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## **New difficulties with communication and speech**

Trouble expressing and finding words, slurring of speech, trouble comprehending instructions, or loss of speech volume.

### **Recommended Response**

*Seek GP referral for Speech Pathologist assessment.*

*A speech pathologist with specific skills in progressive aphasia, (communication deficits associated with dementia), can look at opportunities to introduce word re-training exercises or alternate communication strategies and technologies.*

*If you already have a specialist clinic or speech pathologist, contact them. If you are not already linked in with a Speech Pathologist who has specialist skills in FTD, email:*

*[matthew.poole@unimelb.edu.au](mailto:matthew.poole@unimelb.edu.au) for advice and guidance to a specialist in your area.*

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## Increasing problems with walking, standing/transferring, falls and balance

### Recommended Response

*Seek GP review and referral for Physiotherapy and Occupational Therapy assessment or contact your specialist clinic. An assessment for a walking aid or a home assessment to install rails and equipment may be required*

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## Sleep Disruption

### Recommended Responses:

- *Review sleep hygiene tips: <https://sleepfoundation.org/sleep-disorders-problems/dementia-and-sleep>*
  - *Consider separate rooms*
  - *Seek medical opinion via GP or Specialist Clinic if the sleep disruption is prolonged and causing distress. (Night time sedation may need to be trialled.)*
  - *Access carer respite to allow you to catch up on sleep and maintain health/daily functions. Carer respite can be accessed via your case manager or via the Commonwealth Carer Respite Service 1800 052 222*
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## Incontinence

### Recommended Responses:

- *Contact the National Continence Advisory Service 1800 330 066*  
<http://www.continence.org.au/pages/support-for-carers.html>
- *Note you can also apply for funding for continence aids*  
<http://www.continence.org.au/pages/financial-assistance.html>

## Caregiver Illness, hospitalisation or other emergency

### Recommended Responses:

- *Carry a carer emergency card in your purse/wallet*
  - *Ensure other family members have advanced access to a copy of the care recipient's 'key to me' respite tool and emergency plan*
  - *Contact the Commonwealth Carelink Respite Centre 1800 052 222 to arrange emergency respite care for the care recipient*
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## Advice on management of behaviours and symptoms associated with FTD

### Severe aggression, assault or acting on suicidal thoughts

#### Recommended Responses:

*Note: If there is an immediate risk of self-harm or harm to you/the care recipient or others, do what you can to remove yourself and others from danger and call 000 to ask for Police attendance. They will then contact their mental health liaison to attend if appropriate.*

### Mild to Moderate behavioural symptoms:

#### Recommended Responses:

#### Call Dementia Behaviour Management Advisory Service (DBMAS)

National Free Call Number 1800 699 799 (24-hour service) for immediate phone based support

[www.dbmas.org.au](http://www.dbmas.org.au)