

Confusion? *Agitation?* *Withdrawn?* *Falls?* **Think DELIRIUM!**

Is CAM positive?

YES

Diagnosis of delirium

NO

Not delirium

Search for medical precipitants and treat urgently

Drugs/**D**ehydration

Electrolyte disturbance (esp Na^+ and Ca^{2+})

Level of pain

Infection/**I**nflammation (post surgery)

Respiratory failure (hypoxia, hypercapnia)

Impaction of faeces

Urine retention

Metabolic disorder (liver/renal failure, hypoglycaemia) /**M**I

CAM positive if 1 *and* 2 *and* either 3 *or* 4

1. **Acute onset** and **fluctuating course**
2. **Inattention** (distractible, can't concentrate)
3. **Disorganised thinking** (illogical/rambling)
4. **Altered consciousness** (hypo/hyper alert)

Management - turn over

Don't forget to document delirium diagnosis in notes/EDL!

DO's

ALL MDT members

STRATIFY –
follow falls pathway

Orientate frequently

Use calming speech and manner

Involve familiar family/friends and use familiar staff

Correct sensory impairment

Hydrate

Enable sleep

Encourage early mobilisation

Nursing/medical staff

Investigate for precipitants and treat urgently

Review medication

Optimise O2 sats/BP

Pharmacotherapy if other measures fail and

- patient risk to self/others
- for essential investigations

DON'Ts

Delay to attend patients – high mortality!

Argue/confront

Frequently change bay/ward

Catheterise unnecessarily

Perform unnecessary procedures

Restraint routinely

Use prn, po over IM, one drug, low dose, repeat if necessary
Haloperidol: 0.5-1mg po 1-2 hourly. 0.5-1mg IM 2 hourly.

If antipsychotics contraindicated
(QTc>470ms, Parkinsonism, Lewy body dementia):
Lorazepam: 0.5-1mg po 1-2 hourly. 0.5 -1mg IM 2 hourly.