Confusion? Agitation? Withdrawn? Falls?

Think DELIRIUM!

Is CAM positive?

**YES**
- Diagnosis of delirium

**NO**
- Not delirium

Search for medical precipitants and treat urgently

**D**rugs/**D**ehydration

**E**lectrolyte disturbance (esp Na\(^+\) and Ca\(^{2+}\))

**L**evel of pain

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

**R**espiratory failure (hypoxia, hypercapnia)

**I**mpaction of faeces

**U**rine retention

**M**etabolic disorder (liver/renal failure, hypoglycaemia)

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
    i) patient risk to self/others
    ii) for essential investigations

### DON’Ts

- Delay to attend patients – high mortality!
- Argue/confront
- Frequently change bay/ward
- Catheterise unnecessarily
- Perform unnecessary procedures
- Restraint routinely

### Medication

- **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.