Delirium | An acute, confusional state lasting from hours to a few weeks, characterized by changes in sleep-wake cycle, attention, perception, thinking, memory and psychomotor behaviour

**Delirium Decision Tree**

**Delirium**

- Over 75 years old
- Acute/chronic illnesses
- Trauma (surgery, fall, fracture)
- Previous delirium episode
- Diagnosis of dementia/cognitive impairment/depression
- Medication side effects, toxicity
- Sensory losses (sight, hearing)
- Social losses, isolation
- Abnormal body temperature

**Review Risk Factors**

- Male > female
- Infection (URI, UTI)
- Dehydration
- Pain
- Environmental change
- Nutritional deficiencies
- Alcohol

**Observe Delirium Symptoms?**

- Sudden changes in:
  - Sleep/wake cycle
  - Ability to do ADL's
  - Communication (incoherent speech, rambling thoughts)
  - Attention and concentration
  - Perceptual changes (hallucinations, illusions)
  - Thought processes (delusions)
  - Memory
  - Psychomotor activity (▲ ▼ )

**Use Screening and Assessment Tools**

- CAM (Confusion Assessment Method)
- CAM-ICU
- Delirium Symptom Screening Tool

**Assess for Cause**

- Hydration
- Infection
- Changes in Chronic Illness/Pain
- Alcohol/Drug Toxicity
- Elimination
- New disease processes
- Psychosocial/Environmental

**Interventions**

**Treat Underlying Physiological Cause**

- Investigations with physician, e.g., lab work, electrolytes
- 1500 cc's of fluid daily (unless restricted)
- Review medication profile
- Antibiotics (if infection)
- Stabilization of disease
- Treat constipation, urinary retention
- Pain management
- Pharmacological interventions

**Sleep Hygiene**

- Keep regular bedtime
- Release tryptophan with warm milk, yoghurt, salmon/turkey sandwiches on whole grain bread
- Eliminate caffeine
- Reduce light/ noise stimuli
- Bedtime voiding
- Sleep stimulants: Aroma, music
- Stabilize body/room temperature

**Document**

- CAM or CAM-ICU
- Behaviour Monitoring Chart
- Sleep/Wake chart
- MMSE / 3MS
- Clock drawing
- BCRS

**Develop and Implement Individualized Care Plan. Consider:**

**Environmental**

- Wear hearing aides, glasses, dentures
- Calm soothing atmosphere
- Provide sunlight during the day
- Regular routine, including rest periods
- Alternatives to restraint
- Promote regular toileting
- Minimize sudden changes in environment
- Cues for orientation (clocks, calendar, photos)

**Supportive**

- Consistent caregiving staff
- Speak in clear, short, simple phrases
- Inform – this is a short-term condition
- Validate fears and concerns
- Encourage regular visits from family, volunteers
- Familiar items
- Implement coordinated routines appropriate to functioning level
- Exercises / walking
- Consider expert consultation

**Pharmacological**

- Hypnotics for sleep
- Antipsychotic for delusions and agitation
- Antidepressant
- Bowel meds (softeners, stimulants, bulk producers)
- Analgesics

Consider that any of the above can also adversely affect delirium.

Adapted with permission. Earthy, A. (2002). Delirium CPG. Fraser South Health Authority.

Delirium in the Older Person: A Medical Emergency. Island Health.
Delirium Decision Tree. Reviewed 8-2014.

www.viha.ca/mhas/resources/delirium/