

Pre – Post Test

Name: _____

Job Location: _____

Date: _____

Job Title: _____

Score: _____ / 11

1. The diagnosis of delirium is likely in a person who demonstrates:
 - a) An acute onset, a fluctuating course, normal attention, disorganized thinking, and an altered level of consciousness
 - b) An acute onset, a steady course, inattention, disorganized thinking, and an altered level of consciousness
 - c) An acute onset, a fluctuating course, inattention, disorganized thinking, and alertness
 - d) An acute onset, a fluctuating course, inattention, disorganized thinking, and an altered level of consciousness

2. Hallmark signs and symptoms of delirium include all of the following EXCEPT:
 - a) Disorganized thinking
 - b) Transient memory loss
 - c) Day/night reversal
 - d) Inattention
 - e) Gradual onset
 - f) Altered and fluctuating locus of control

3. Which of the following factors increase the risk of delirium:
 - a) Age 75 or older
 - b) Having dementia
 - c) History of urinary tract or respiratory infection
 - d) Multiple medications including over the counter
 - e) Relocation
 - f) All of the above

4. True or False? Delirium is a medical emergency.

5. Which of the following intervention(s) can help prevent delirium?
 - a) Regular sleep pattern
 - b) Physical activity
 - c) Relocate often
 - d) Restraining to prevent falls

6. Family members or close significant others need to be involved in the initial assessment of delirium because:
 - a) They can give you good history about the person's usual behaviours and abilities
 - b) They will require support and education about delirium
 - c) They will often assist in some of the intervention strategies
 - d) All of the above
 - e) None of the above

7. The key factor in differentiating delirium from depression and dementia is:
- Alteration in mood
 - Rapid onset of symptoms
 - Change of sleep pattern
 - Change of psychomotor activity
8. The diagnosis of delirium using the Confusion Assessment Method (CAM) requires the presence of the following, **EXCEPT**:
- Acute onset
 - Fluctuating course
 - Inattention
 - Disorganized thinking and altered level of consciousness
 - Disorganized thinking or altered level of consciousness
9. Which strategy will keep the older person with delirium comfortable and oriented?
- Keeping the lights on at night to prevent falls
 - Changing room placement periodically to remind them that they are not at home
 - Keeping caregiver assignments as consistent as possible
 - Minimizing family visits to prevent disorientation about their whereabouts
10. Drug toxicity or an adverse drug reaction is **most likely** when the older person:
- Is taking a short course of antibiotics
 - Is taking 5 or more medications
 - Has a history of constipation
 - Takes supplemental thyroid hormone
11. Circle ALL the appropriate interventions for the person with delirium:
- Make all instructions as simple as possible
 - Avoid eye contact because they may perceive it as a threat
 - Speak loudly and clearly
 - Correct sleep – wake cycle
 - Encourage the person to consistently use their eyeglasses and hearing aids
 - Encourage the person to perform several self-care activities at the same time
 - Minimize noise at night and discourage napping during the day
 - Agree with content of delusions or hallucinations
 - Improve fluid intake
 - Establish safety surveillance

Delirium in the Older Person: A Medical Emergency

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Answers:

1. **D** Acute onset, a fluctuating course, inattention, disorganized thinking, and an altered level of consciousness
2. **E** EXCEPT gradual onset.
3. **F** All of the above.
4. TRUE
5. **A** Regular sleep pattern and **B** Physical activity
6. **D** All of the above
7. **B** Rapid onset of symptoms
8. **D** Disorganized thinking and altered level of consciousness
9. **C** Keeping caregiver assignments as consistent as possible
10. **B** Is taking 5 or more medications
11. **A** Make all instructions as simple as possible
D Correct sleep – wake cycle
E Encourage the person to consistently use their eyeglasses and hearing aids
G Minimize noise at night and discourage napping during the day
I Improve fluid intake
J Establish safety surveillance