DELIRIUM IS A MEDICAL EMERGENCY
Follow the below guidelines and escalate to a senior colleague

DELIRIUM IS A MEDICAL EMERGENCY

1. RECOGNITION – Is your patient delirious?

Have they had a development or change in:

- Cognition/concentration
- Physical function
- Social function
- Appetite, sleep, mood
- Hallucinations
- Falls

2. DIAGNOSIS – Use CAM (Confusion Assessment Method) to diagnose hypoactive, hyperactive or mixed delirium:

- Acute onset, fluctuating course ***and***
- Inattention (distractible, can't concentrate)

and either

- Disorganised thinking (rambling/illogical ideas) ***or***
- Altered level of consciousness (hyper alert/drowsy)

- If CAM + the patient is delirious

3. INVESTIGATIONS – what is the cause?

Activate the Delirium Investigation Bundle on EPR for an order set of tests:

Common causes of delirium:

- **D**rugs (anticholinergics, benzodiazepines, alcohol withdrawal)/ **D**ehydration
- **E**lectrolyte disturbances
- **L**ots of pain
- **I**nfection/**I**nflammation (post surgery)
- **R**espiratory failure (hypoxia/hypercapnia)
- **I**mpaction of stool
- **U**rinary retention
- **M**etabolic disorder (liver/renal failure, hypoglycaemia)/**M**yocardial infarction

5. MANAGEMENT

- Give reassurance, speak calmly and orientate the patient
- Treat all reversible causes identified
- Ensure adequate nutrition, fluids, pain control and bowels and bladder open
- Use Behaviour Chart to monitor behaviour and guide management
- Discuss ongoing management with Multidisciplinary team +/- patient's family
- Provide the delirium information leaflet for the family and patient
- Document diagnosis of delirium + cause if known in the notes and discharge summary

- **Drug management:** If distressed/risk to themselves or others and all other techniques failed can use sedation to:
    a) Relieve patient distress
    b) Prevent danger to self/others
    c) Carry out essential investigations

PRN Haloperidol 0.5-1mg, orally every 1-2 hours, daily max 5mg in elderly
CAUTION: Prolonged QTc of >440ms in men or >470ms in women, Lewy body dementia, Parkinson's disease/parkinsonism, seizures, recreational drug intoxication/withdrawal and alcohol withdrawal should be prescribed benzodiazepines as first line.

Lorazepam 0.5 –1 mg oral/IM 1-2 hourly, max 4mg daily may be more suited for sedation for imaging or procedures as has a shorter half life. See Delirium Clinical Guideline for further information.

5. ESCALATION

If further assistance is needed after following steps 1-4 above, contact the Dementia and Delirium (DaD) team by submitting a **'Delirium Referral'** via EPR for advice or a consult. For urgent advice bleep the Dementia and Delirium CNS #1582. Out of hours contact the medical SNP #0162