Delirium Assessment and Management

Definition of Delirium

Acute onset of impaired attention, cognition (memory, orientation, language), consciousness, perception, behaviors, and/or emotions that may fluctuate, **have a medical cause**, and are not due to dementia. Often called "acute confusion." Terminal delirium: irreversible and can occur in the days before dying; antipsychotics used more liberally for comfort in these cases.

1. Is the person more confused today than usual? If yes, the person might have delirium and a brief cognitive assessment should be done.

2. Brief Cognitive Assessment: People with the level of dementia indicated can usually perform these attention-based tasks, while those with delirium cannot. Severe dementia is difficult to test. Change in cognitive status is usually determined by observation. Compare vs. recent baseline.

- Mild Dementia: list days of week and months of year backwards.
- Moderate Dementia: count backwards from 20 to 1.

3. Delirium Screening: See the screening tool, derived from the Confusion Assessment Method (CAM), CAM-ICU, and MDS, on the ***other side***.

4. If the screening suggests delirium, assess and treat possible causes:

- Vitals (pulse, blood pressure, temperature, respiratory rate, pulse-oximetry, pain).
- Physical examination to diagnose infections or other acute medical conditions such as constipation, pneumonia, pressure ulcers, MI (heart attack), CVA/TIA (stroke).
- Basic laboratory evaluation (urinalysis, creatinine, sodium, potassium, calcium, glucose, CBC with differential).
- Review medications with particular attention to anticholinergics, benzodiazepines, or new medications (see ***Drugs that May Cause Delirium or Problem Behaviors).*** Discontinue if benefit does not outweigh potential harm.
- Review restraints (foley catheter, IV lines, other tethers) and discontinue if benefit doesn't outweigh potential harm.
- Assess pain—Is pain management adequate and appropriate?

5. Use non-drug management:

- Sleep: Allow continuous sleep at night. Keep noise down. Recognize that an altered sleep-wake cycle is often a symptom of delirium.
- Orientation: Orient to date and place. Clock and calendar in room. Light on from 7 a.m. to 7 p.m. (sunrise to sunset). Always introduce yourself.
- Environment: Keep hearing aids and glasses accessible. Offer beverage of choice frequently for hydration. Encourage low-key family visits.

6. Use antipsychotic short-term for agitation or distressing psychotic symptoms, e.g. hallucinations. See ***Antipsychotic Prescribing Guide***.

- E.g. haloperidol 0.5 mg PO/IM q1 hour PRN agitation or distressing hallucinations. Can double dose if ineffective. Schedule once or twice daily dose based on the total amount needed to achieve treatment goal in 24 hours. When delirium resolves, discontinue the antipsychotic.