

Physician Education Express

Delirium – Prevention and Management



Audience: All Providers
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SUMMARY

Delirium is highly prevalent, occurring in 70-80% of elderly hospitalized patients. This results in added cost to patient and healthcare system due to the increase in LOS, added diagnostic testing and ECF utilization. Patients that develop delirium are at increased risk for falls, pressure injuries and impaired mobility.

Definition

The American Psychiatric Association (DSM-V) lists five key features that characterize delirium:

- Disturbance in attention (**reduced ability to direct, focus, sustain, and shift attention**) and awareness.
- The disturbance develops over a short period of time (**usually hours to days**), represents a change from baseline, and tends to fluctuate during the course of the day.
- An additional disturbance in cognition (**memory deficit, disorientation, language, visuospatial ability, or perception**)
- The disturbances are not better explained by another **preexisting, evolving or established** neurocognitive disorder, and do not occur in the context of a severely reduced level of arousal, such as coma
- There is **evidence from the history, physical examination, or laboratory findings** that the disturbance is caused by a medical condition, substance intoxication or withdrawal, or medication side effect.

Subtypes

- **Hyperactive**-hyperalert -what we are used to seeing (15%)
- **Hypoactive**-hypoalert -commonly misdiagnosed and undertreated due to “pleasantly confused” or the patient appears to be sleeping
- **Mixed**- Most Common form (up to 52%)- Worst prognosis

Risk and Contributing Factors

Risk Factors	Contributing Factors
<ul style="list-style-type: none">• Increased age (≥ 65 yo)• Pre-existing dementia• Current surgical procedure• Acute infection• Severity of admission illness• Alcohol and/or drug use• Limited mobility/use of restraints• Benzodiazepine/Opioid use	<ul style="list-style-type: none">• Excess noise• Constant light• Foul smells• Frequent interruptions• Lack of verbal and cognitive stimulation• Presence of drains/tubes (tethers)• Pain• Urine/bowel incontinence, retention, or constipation

Highlights

Objectives:

- Define delirium
- Identify and implement treatments
- Adjust treatment plans for delirium with dementia



Associated Terminology

- Acute Confusion
- Sundowners
- Pleasantly confused
- Appropriately confused
- ICU or Hospital Psychosis
- Sometimes mislabeled as dementia
- Acute Brain Failure

Prevention is Key!

Multicomponent interventions that address:

- Cognitive impairment
- Sleep deprivation
- Immobility
- Sensory impairment
- Dehydration

Additional information available through your Education Portal at: <https://iuhealthpe.org>



Delirium Prevention and Escalation

Prevention	Management Escalation
<ul style="list-style-type: none">• IU Health Delirium Protocol• Individualized based on etiology<ul style="list-style-type: none">– Medication Review– Cognitive impairment– Sleep/wake cycle disturbance– Immobility– Visual/Hearing impairment– Pain– Nutrition– Dehydration	 <p>The diagram illustrates the management escalation process. It features four blue circular nodes: 'RN' at the top, 'Provider' in the center, 'Specialist' on the left, and 'Clinical Pharmacist' on the right. Double-headed blue arrows connect 'RN' to 'Provider', 'Provider' to 'Specialist', and 'Provider' to 'Clinical Pharmacist', indicating a bidirectional flow of communication and escalation between these roles.</p>

Nursing Assessment and Escalation

- Patients are screened for delirium using the **Confusion Assessment Method (CAM)** on admission, once/shift, and PRN with any change in mental status. Assessment includes 4 features:
 - Acute onset or fluctuating course
 - Inattention
 - Altered level of consciousness
 - Disorganized thinking
- If screen is positive (and/or risk factors present) nursing will:
 - Implement the **Adult Delirium Protocol** with appropriate interventions to prevent progression of delirium.
 - Notify provider and document Significant Event Note for risk factors causing/predisposing the patient to delirium that needs addressed (i.e. infection concerns, dehydration, contributing medications, catheterization).

Treatment and Implementation Information Available:

<https://iuhealthcpe.org/download/delirium-treatment>