DELIRIUM MANAGEMENT COMPREHENSIVE PATHWAY - ACUTE HOSPITAL

Adult presents
If positive for RADAR, clinical suspicion of delirium, perform 4AT delirium screen as part of clerking documentation

Possible delirium is a Medical Emergency
TIME bundle initiate all elements within 2 hours

Act on acute, severe causes & stabilise patient
e.g. infection / medication toxicity / hypoxia / hypoglycaemia / dehydration / retention / constipation

MANAGEMENT
Treat underlying causes (in up to 30% cases no cause is found)

- Investigation
- Medication review
- Optimise clinical condition

TIME BUNDLE

There's no **TIME** like the present. For patients aged 75 and over when clinical history suggests delirium or assessment tool 4AT positive;

Initiate all elements of this CARE BUNDLE **within 2 hours**

T THINK about possible triggers
acute illness, pain, trauma

I INVESTIGATE
Carry out early warning score
Start fluid balance chart
Send routine bloods & appropriate cultures, imaging
Consider drug withdrawal / intoxication, alcohol

M MANAGAMENT
Medication review, infection, hypoxia, hypoglycaecemia.

E ENGAGE

RADAR

1: Is the person more sleepy than usual?
2: Did they have trouble following my instructions?
3: Have their movements slowed down?

4AT

1. Alertness

Normal (fully alert, not agitated throughout assessment)	0
Mild sleepiness for < 10 seconds after waking, then normal	0
Clearly abnormal	4

2. AMT4 (4 item Abbreviated Mental test)
Age, Date of Birth, Place, Year

No mistakes	0
1 mistake	1
≥ 2 mistakes / untestable	2

3. Attention
Months of the year backwards

Achieves 7 months or more correctly	0
Starts but scores <7 months or refuses to start	1
Untestable (cannot start because unwell, drowsy, inattentive)	**2**

4. Acute Change or fluctuating symptoms?

No	0
Yes	4

TOTAL; _____

≥ 4; possible delirium +/- cognitive impair
1-3: possible cognitive impairment
0: delirium or cognitive impairment unlikely (but delirium still possible if info incomplete)

General Management

- Document diagnosis of delirium in notes
- Explain to patient & carer
- Use '**This is Me'** & '**Butterfly Scheme'**
- Assess & monitor pain
- Encourage oral hydration & nutrition wherever possible & document daily intake
- Good pressure area care
- Avoid catheterisation unless absolutely necessary
- Treat constipation
- Consider if swallow safe
- Avoid unnecessary interventions

Environmental Measures

- Ensure glasses are clean & worn
- Ensure hearing aid is working and treat ear wax
- Nurse in calm, quiet, well lit area, ensure buzzer is close to patient and respond promptly
- Give regular gentle reassurance & orientation prompts (use clocks & calendars)
- Promote mobility and meaningful activity as much as possible
- Consider an interpreter for preferred / 1st language choice of patient
- Ensure adequate uninterrupted sleep
- Avoid ward moves unless in the clinical interest of the patient

Treat Delirium Symptoms

- Encourage family visits, relax visiting times, involve relatives in care
- Consider additional staff if challenging behaviour or wandering
- If symptoms or behaviour threaten the patient or others, use the lowest possible doses of medication, **'start low, go slow'** and review every 24h
- Seek senior advice
- Assess mental capacity and need for deprivation of liberty safeguarding DOLS
- Inform next of kin if medication changes

Triggers referral to Liaison Psychiatry

- Severe agitation or distress not responding to standard measures above
- Doubt about diagnosis
- If formal assessment under **Mental Health Act** is being considered

Psychiatric services may also hold useful information on background cognition and mental health.

Patient NOT Improving

If no improvement after 5 to 7 days or if cause of delirium not clear, refer to Geriatric services

Delirium diagnosis must be included in *ALL* discharge documentation

Patient Improving

- Repeat AMT10 cognitive assessment
- Consider post-delirium distress
- Encourage patient to share their experience with healthcare staff
- Reduce & discontinue antipsychotic treatment

Delirium can persist for weeks or months after the cause is treated