DELIRIUM

**DIAGNOSIS:** Confusion Assessment Method (CAM)

**CRITERIA**

1. **ACUTE, FLUCTUATING**
   - Care givers, family
   - Mental status

2. **INATTENTION**
   - Establish baseline
   - Observation

3. **DISORGANIZED THINKING**
   - Baseline short-term memory
   - Orientation
   - Delusions or hallucinations

4. **ALTERED LEVEL OF CONSCIOUSNESS**
   - Observation for hyperalert or drowsy

**HISTORY**

1. **ACUTE, FLUCTUATING**
   - Change in care givers, family, mental status & nursing

2. **INATTENTION**
   - Establish baseline
   - Serial 7’s or world or months of the year backwards

3. **DISORGANIZED THINKING**
   - Baseline short-term memory language
   - Orientation
   - Observation

**EXAM**

1. **ACUTE, FLUCTUATING**
   - Establish baseline

**MEDICAL CAUSE EVALUATION**

1. **D** rugs (**ACUTE CHANGES IN M.S.**)
   - Review, Reduce, Remove
2. **E** motional (e.g. depression, panic d/o, mood & life interest or GDS)
3. **L** ow PO2 states (MI, PE, anemia, CVA)
4. **I** nfection
   - CXR, UA, CBC w diff.
5. **R** etention of urine or feces
   - PVR, rectal check
6. **I** nternal states (Asthma, arrhythmia, post-ictal)
7. **S** ubdural (acute CNS processes)
8. **S** ense
   - Maximize vision & hearing

**Pharmacologic management:**

- **Medication debridement**
- **Multifactorial problem management**
- **Pain?-nonpharm.-tylenol (narcotics)** - (low dose m.s. or oxycodone)
- **Withdrawal** or Neuroleptic Malignant Syndrome
- **All other causes of Delirium**
- **Haldol**
- **Neuroleptic Malignant Syndrome**
- **Olanzapine**
- **Seizure meds**
- **Narcotics**
- **Muscle relaxants**
- **Seizure meds**

**Non-pharmacologic management:**

- **Nursing:**
  - Reorient
  - Nutrition
  - Hydration
  - Consistent care givers
  - Sense of control
- **Environment:**
  - Lighting
  - Auditory control
  - "Sitters"
  - Undisturbed nighttime sleep
  - Augment vision & hearing

**Long term plan:**

- Prepare family/social work for prolonged recovery
- Possible prolonged/permanent cognitive decline

For more information on ticker feeds at: www.unmc.edu/geriatrics evv updated 7-13-13

*****PREVENTION & MANAGEMENT*****

**Risk factors (general):**

- Post-Op or Hospitalization
- DEMENTIA
- Sleep deprivation
- Fracture joints
- Hearing loss
- Hypoxia
- Vision impairment
- Hypotension
- Delirium
- Bed rest
- Malnutrition
- Inadequate pain treatment
- Prior delirium
- Decreased cardiac output
- Depression
- Physical restraints
- Hypothermia
- Bladder cath/NG tubes
- Age > 80 y.o.
- Iatrogenic event
- Astrogeneic medical diseases
- Liver disease with dysfunction
- Drugs (**ACUTE CHANGES IN M.S.**)

Non-pharmacologic management:

- Nursing:
  - Reorient
  - Nutrition
  - Hydration
  - Consistent care givers
  - Sense of control
- Environment:
  - Lighting
  - Auditory control
  - "Sitters"
  - Undisturbed nighttime sleep
  - Augment vision & hearing

Pharmacologic management:

- Medication debridement
- Multifactorial problem management
- Pain?-nonpharm.-tylenol (narcotics) - (low dose m.s. or oxycodone)
- Withdrawal or Neuroleptic Malignant Syndrome
- 0.5-1.0 mg PO IV/12 hours pre-behavior that impacts care
- All other causes of Delirium
- Haldol
- Seizure meds
- Narcotics
- Muscle relaxants
- Seizure meds

Long term plan:

- Prepare family/social work for prolonged recovery
- Possible prolonged/permanent cognitive decline

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