

# Is your **older patient** at risk of **Delirium**?

## Predisposing Factors/ “Baseline Vulnerability”

- ★ cognitive impairment (MMSE < 24/30)
- ★ visual impairment (< 20/70)
- ★ dehydration (urea x 10/serum creat > 0.7)
- ★ severe illness
  - alcohol dependence
  - previous diagnosis of delirium

You can identify your patient’s baseline risk for delirium by assigning 1 point for each of the ★ risk factors present upon admission.

- 0 = low risk;
- 1-2 = intermediate risk;
- 3-4 = high risk

(Inouye et al., Ann Intern Med. 1993 Sep 15;119(6):474-81)

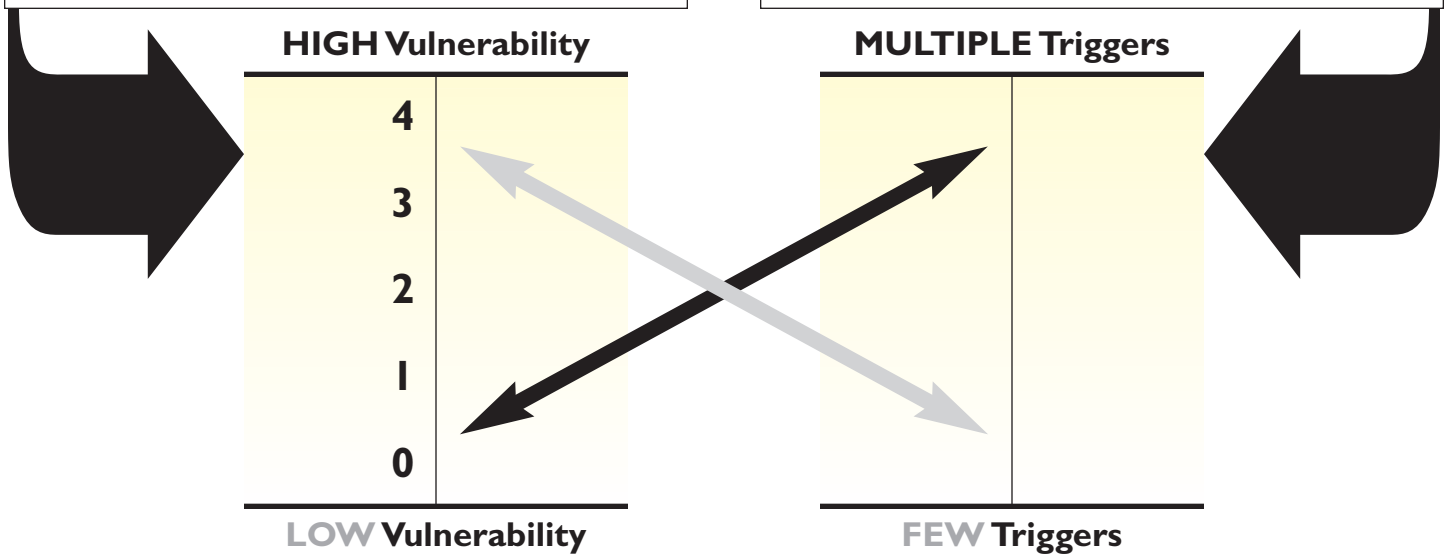
## Precipitating Factors/Insults “Triggering Event”

- ★ restraints
- ★ malnutrition
- ★ more than 3 medications recently added
- ★ urinary catheter
- ★ iatrogenic event
  - metabolic and electrolyte imbalance
  - infections
  - sleep deprivation
  - fever
  - hypothermia

You can predict who will develop delirium within the first 9 days of hospitalization by watching for any of the five ★ triggers.

- 0 = low risk;
- 1-2 = intermediate risk;
- 3-5 = high risk

(Inouye & Charpentier, JAMA. 1996 Mar 20;275(11):852-7)



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- Grey Arrow:** Highly vulnerable people at baseline may become delirious with even a mild trigger
- Black Arrow:** People with low vulnerability at baseline may tolerate multiple insults before developing delirium

We must try to eliminate triggers in vulnerable patients!

## Detecting Delirium Using the Confusion Assessment Method (CAM)

Inouye, et al. Ann Intern Med. 1990 Dec 15; 113(12):941-8

**1 & 2 and either 3 or 4 are present in delirium**

1. **Acute Onset or Fluctuating Symptoms** (a mental status change that is new or worse, over hours or days; symptoms may come and go and vary widely in severity)
2. **Inattention** (limited ability to maintain attention; unaware or out of touch with environment)
3. **Disorganized Thinking** (rambling, irrelevant, incoherent speech)
4. **Altered Level of Consciousness** (can range from hyperalert to coma)

**TURN OVER**  
for Prevention &  
Management Strategies