

DELIRIUM – SEARCHING FOR THE CAUSE

Delirium Symptom List from CAM

- Sudden change in mental status
- Change in behaviour: fluctuates from normal to abnormal over hours to days to weeks (<1 mo)
- Difficulty in focusing attention
- Disorganized thinking and/or altered level of consciousness

Begin your assessment with the highest probable risk for your patient's situation.

Drug Toxicity ?

- a. On more than **six medications**, especially:
- anticonvulsants
 - barbiturates
 - histamine H₂ antagonist
 - thiazide diuretics
 - insulin/hypoglycemic agent
 - anticholinergics
 - antipsychotics
 - antidepressants
 - benzodiazepines
 - cardiac glycosides
 - narcotics
 - anesthetic
- b. Receiving a medication for **more than 5 years**
- c. **Age 75** or older
- d. Running drug levels beyond or at the **high end of therapeutic range**

Order drug chemistry and/or trial discontinuation of medicine.

Changes in Chronic Illness ?

Physical and psychosocial assessment reveals **exacerbation*** of previously diagnosed condition, such as:

- Diabetes mellitus
- Hypo/hypertension
- COPD
- ASHD
- Cerebrovascular insufficiency
- Alzheimer disease/dementia
- Cancer
- Pain
- Depression
- Hypoxia
- Substance misuse (e.g. alcohol, drugs, tobacco)

Request appropriate diagnostic tests

(* Exacerbation may be accompanied by increased levels of pain and/or decreased functional abilities)

New Disease Process ?

- a) Cardio and cerebrovascular conditions
1. Silent MI
 2. TIA/CVA
 3. CHF
- or*
- b) GI conditions, GI bleed, if evidence of daily use of NSAIDs or steroids
- or*
- c) Other medical conditions
1. Hypo/hyperglycemia
 2. Hypo/hyperthyroidism
 3. Electrolyte imbalance
 4. Cancer
 5. Neurological conditions (e.g. normal pressure hydrocephalus)
 6. Pain
 7. Abuse or withdrawal from alcohol, drugs, tobacco
 8. Low B12

Request appropriate diagnostic tests

(e.g. PE, pulse oximetry, EKG, hemoglobin and hematocrit, chemistry screen, electrolytes, TSH, specific test for cancer detection, CAT)

or

- d) Psychiatric conditions, especially if evidence of family history
- Request psychiatric evaluation, dementia work up**

Infection ?

- a. elevation in baseline **temperature**, even less than 37.5°C rectally
- b. **history** of lower respiratory infection or UTI more than twice per year
- c. **history** of any chronic infection
- d. recent episode of **falling**

Request appropriate diagnostic tests.

Most common: urinalysis, chest X-ray, sputum cultures as indicated

Elimination Problems ?

- a. **Urinary problems**
- 1) history of incontinence, retention, or indwelling catheter
 - 2) signs or symptoms of dehydration, tenting, increased BUN
 - 3) decreased urinary output
 - 4) taking anticholinergic medication
 - 5) abdominal distention
- b. **Gastrointestinal problems**
- 1) immobility for more than 1 day in persons previously mobile
 - 2) abdominal distention
 - 3) decreased number of bowel movements or constipated stool
 - 4) decreased fluid intake – dehydration
 - 5) decreased food intake, especially bulk

Request in-out catheterization for postvoid residual and/or incontinence assessment, or both.

Accomplish digital rectal exam, request enema, initiate appropriate bowel regimen.

Discharge Home ?

- a) Review post operative history while in hospital (reaction to anesthetic, analgesia, opioids / anticholinergics)
- b) Coordinate home care services
- c) Promote early activity to ensure mobility, safety (PT/OT)
- d) Monitor post status at home/disease /medication management

Sleep Disturbance ?

- a) **Assess baseline normal sleep pattern**
- b) Identify **causes** of sleep disturbance
- Medications, pain and/or environment

Post Surgical ?

- a) **Review pain management/Opioids**
- b) Any reactions to anesthetic, analgesic
- c) Review mobility, skin and wound assessment
- Promote mobilization, activity, manage pain**

Psychosocial/Environmental ?

- a) **Home assessment/safety**
- b) Supports: family involvement/friends/alone
- c) ADLs and AIDIs