

Intro and Summary for Myrtle Scenario:

**Intro: (filming person doing intro)**

Delirium is a condition that develops quickly (usually over hours or days) and involves changes in consciousness, attention, thinking and reasoning, and perception. It is a common disorder in the older patient with prevalence rates of 10-40% on admission to hospital and an incidence of 25-60% of older patients experiencing an episode of delirium while in hospital.

**Why the concern?**

Previous studies have indicated that 32-66% of cases go unrecognized by physicians often being mistaken for dementia, depression or normal changes of aging. In at **least** 40% of cases, delirium is preventable. Delirium can also result in serious complications for the older patient, including prolonged hospitalization, re-hospitalization, nursing home placement and death.

Today you are going to meet Myrtle and witness firsthand, her experience with an episode of delirium. Myrtle is an 89 year-old widowed woman, whom up until her hospitalization, was living on her own in a century two story home in a rural town in Ontario. Ambulance attendants have brought her to the hospital after a neighbour called about her deteriorating condition.

The objectives of this video are threefold;

1. To raise awareness of delirium as an acute medical condition requiring immediate attention.
2. To become familiar with delirium screening tools to assist in detection of delirium
3. To identify the risks and strategies for prevention of this serious condition

At the conclusion of this video, you will have an opportunity to discuss this case in more detail. We have provided you with a series of questions to guide and facilitate your discussion.

## **Slides:**

Consider inserting this slide as Myrtle is moaning and before nurse comes in

### **Causes of Delirium:**

Dementia

Electrolytes

Lungs, liver, heart, kidney, brain

Infection

Rx

Injury, pain, stress

Unfamiliar environment

Metabolic

Consider inserting at the end of scenario 1 - slide on the CAM

### **CAM (Confusion Assessment Method)**

1. Acute Onset
2. Inattention
3. Disorganized Thinking
4. Altered Level of Consciousness
5. Disorientation
6. Memory Impairment
7. Perceptual Disturbances
8. Psychomotor Agitation and Retardation
9. Sleep/Wake Cycle Disturbance

If criteria 1,2, and 3 or 4 are present, further evaluation is required to confirm diagnosis.

## **Slides at end of video:**

### **Six Risk Factors for Delirium:**

- Cognitive Impairment
- Sleep Deprivation
- Immobility
- Visual Impairment
- Hearing Impairment
- Dehydration

### **Strategies for Prevention:**

- ✓ Promote healthy rest and sleep
- ✓ Promote mental stimulation
- ✓ Promote healthy eating
- ✓ Promote physical activity
- ✓ Promote healthy hearing
- ✓ Promote healthy vision

### **Summary (Person to be filmed)**

Remember, delirium is serious acute condition requiring immediate attention.

Learn to detect the signs of delirium and search for underlying causes

Encourage the use of standardized tools such as the CAM and MMSE

because of their consistency and reliability

Multiple sources of information will often be needed to get an accurate picture of observed changes

Recognize that the delirium will not likely be fully resolved by the time the person is discharged from hospital. Depending on the cause, try to get a time line for resolution and define goals for the care plan.

Encourage the use of the term delirium in discharge notes and other documentation. If someone has experienced one episode of delirium they are at higher risk for re-occurrence.

Because of multiple vulnerabilities and potential causative factors with delirium, remember, there needs to be multiple strategies considered.

Myrtle had several people going in to her home to help her. What do we do when we see sudden changes? What education and support can we provide to caregivers to help them identify symptoms of delirium and appropriate action?

For more information on delirium including a resource toolkit, we invite you to visit the Regional Geriatric Program Central website at [www.rgpc.ca](http://www.rgpc.ca).