History of acute onset changes in mental status or new onset confusion?

THINK DELIRIUM

Risk Factors for Delirium
Aged 65 or over
Pre existing cognitive impairment and/or dementia
Previous episode of delirium

Hyperactive Delirium	- increased motor activity/"wandering" - hallucinations - agitation - inappropriate or challenging behaviour
Hypoactive Delirium	(most common) - reduced motor activity/"off legs" - Lethargy/drowsy - picking at blankets or at the air **Associated with higher mortality**
Mixed	- May fluctuate between showing signs of hyper and hypoactive delirium

***AMT 4**

1. Age
2. Date of birth
3. Place
4. Year

A score of 0-3 is abnormal and should prompt further investigation

Confusion Assessment Method (CAM) Test Positive?
Requires point 1 **and** 2 **and either** 3 **or** 4

1. **Confusion is of Acute onset and fluctuating course** (use collateral history and consider AMT4* ***and***
2. **Inattention** (distractible, can't focus, can't follow a conversation, playing with bedclothes) ***and either***
3. **Disorganised thinking** (rambling, illogical flow of ideas, switching of subjects) ***or***
4. **Altered level of consciousness** (drowsy or hyper alert)

DELIRIUM
Drugs/**D**ehydration
Electrolyte imbalance
Level of pain
Infection/**I**nflammation
Respiratory failure (hypoxia/hypercapnia)
Impaction of faeces
Urinary retention
Metabolic disorder

Consider underlying cause and treat as appropriate

In up to 30% of cases no cause for delirium is found

PINCH ME
Pain
Infection
Constipation
Hydration
Medication
Electrolytes

Can the patient be managed safely in the Community?
If not escalate care as appropriate

INVESTIGATIONS
Baseline Observations
Pulse Oxymetry
Urinalysis
Bloods (Glucose, FBC, U&E, LFT, Calcium, TFT)
Consider CXR
MEDICATION REVIEW

Seek specialist advice if:

- Not improving after 2-3 days
- Doubt about the diagnosis
- Severe delirium
- If detention under Mental Health Act or a DoLS order is being considered.