Camden & Campbelltown Hospitals — NSW Government Health, South Western Sydney Local Health District

Preventative Strategies for Delirium

Prevention Domain	Prevention strategy
Past episode of delirium	Obtain history, old notes, verbal from patient / significant others. Early recognition of risk factors. Implement past strategies early. Early referral to specialist services (e.g. CNC – Aged Care/Dementia; Geriatrician; Psychogeriatrician; Pharmacy; Allied Health).
Communication	Use orientating conversation e.g. “hello my name is … I am your nurse” Establish relevant social/culturally relevant history. Known triggers and/or cues. Document in: Patient Care Plan, Appendix 12 Communicate and encourage involvement of family/carer(s)
Hydration and Nutrition	Assess for dehydration and commence volume repletion. Encourage oral intake (subcutaneous fluids preferable or intravenous fluids, only if necessary). Nutritional screen as per Adult Admission and Discharge Assessment (AADA) and regular weights. Provide optimum nutrition and assist when needed (open food packages/ set-up utensils) Commence food chart and fluid balance chart. Ensure dentures are in place and correct fit. Limit choices, know & offer preferences, consider finger food, minimise caffeine. Position upright to assist digestion. Refer to Speech Pathologist if swallowing difficulties recognised.
Cognitive Impairment	Establish baseline using history taking and asses regularly for change. Discuss with family/carer premorbid cognitive state Describe ‘confusion’, with examples. Orientate (e.g. verbal, clock, whiteboard, photos) regularly. Talk to the patient – explaining: who/where they are, who you are, why they are in hospital, what you are doing. Use diversion strategies.
Pain	Assess and manage pain. Refer to pain service if available/ required.
Pharmacological	Monitor medications associated with a high risk of delirium (adverse reactions/ interactions) **or** $\geq$3 **new** medications. (see Appendix 1). Refer for a medication review – consider polypharmacy. Check compliance with medications. Assess for alcohol/smoking withdrawal & implement management plan e.g. nicotine patches Review use of legal/illegal prescribed/ non prescribed medication. Start low; go slow with any pharmacological intervention.

Prevention Domain	Prevention strategy
Immobility & Falls	Assess falls risk and ensure safe environment to minimize risk. Assist with ambulation or active range of movements > four times a day. Provide mobility aids, sit out of bed and walk to toilet, refer to physiotherapy if indicated. Lower bed, bed rails down, appropriate shoes/ non-slip socks, walking aid accessible, hip protectors (refer to: *Fall Injury Prevention and Management in Acute Settings.* *Document No: SSW_PD2009_007*) Avoid immobilizing equipment e.g. restraints, bladder catheters and IV lines.
Bowel and Bladder	Document Fluid Balance and Bowels. Implement planned toileting program (day and night). Monitor for constipation and urinary retention. Maintain continence. Complete & document routine urinalysis.
Sleep	Document sleep patterns. Avoid use of hypnotics. Maintain normal sleep/wake cycles. Promote sleep, e.g. massage, toilet program, no caffeine, pain management, noise/bright light reduction, limit interruptions, prevent over stimulation, and consider providing evening snack prior to bed, comfortable temperature, familiar objects/routines (e.g. Nightgowns, hairnets, pillow).
Sensory	Ensure use of sensory aids where possible (hearing aids, spectacles, dentures - clean regularly). Check ears for wax if hearing deficit. Label all aids with patient identification, to prevent loss and to aid orientation
Environment	Encourage family to stay with patient when possible (consider reducing numbers of visitors at one time, family organize a ‘roster’ system). Avoid room changes. Consider most appropriate room location, if history of delirium. Locate staff in room with desk and light, if supervision required at night. Reduce noise and activity. Ensure light in daytime and dark at night (night light in toilet/bathroom). Provide: stable, comfortable room temperature. Provide: TV, radio, newspapers. Provide: Large face clock, orienting signs. Provide: Familiar objects, photos, clothes, pillow.
Language	Consider utilizing an interpreter, family involvement with care if Culturally and Linguistically Diverse background. Utilise communication board/cards Use of Aboriginal and Torres Straight Islander Liaison Officer for Aboriginal and Torres Strait Islander populations