of delirium in the older person Pharmacological management

Sedation (all sedatives can cause delinium) Use short acting benzodiazepine only where to carry out tests or treatments

 to relieve distress to prevent harm to self or others

 Dose 0.25mg – 0.5mg BD, if not responding up to Haloperidol useful first choice, short-term treatment

 Unsuitable for patients with Parkinson's Disease or Lewy-Body Dementia. a total of 2mg daily.

start at 0.5mg per day to a max. of 2mg per day) Risperidone – 0.25mg BD (if syrup unavailable unsuccessful or contraindicated consider.

Olanzapine – 2.5mg per day, increasing to

necessary 7.5-15mg orally 2-3 x daily 5mg per day pam – may be used as an adjunct if

effects, need for continuation. Discontinue a.s.a.p. Start low and go slow Review medication use daily for response, side

of delirium in the older person Non-pharmacological management

unless contraindicated. Hydration and nutrition – ensure at least 2l fluids/day Cognition - establish baseline & document changes.

WSW

Health

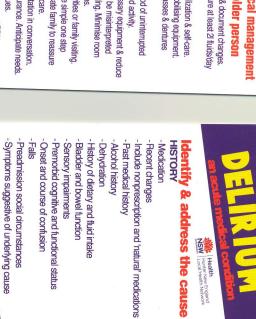
Reduce background noise. Reduce use of restraints & immobilising equipment Sensory – Use hearing aids, glasses & dentures Mobility and Falls - Early mobilization & self-care.

Sleep - If possible allow for period of uninterrupted

& cause agitation. Adequate lighting. Minimise room environmental stimuli which may be misinterpreted Environment - remove unnecessary equipment & reduce sleep at night. Minimise noise and activity.

commands - do not argue. Educate family to reassure Behavioural Interventions - use simple one step Provide distraction in simple activities or family visiting. & engage their support in patient care. changes. Provide orientating clues.

Request scheduled pain medication – not PRN Pain - observe non-verbal pain cues. Quiet and calm approach. Reassurance. Anticipate needs Communication – subtle reorientation in conversation





RISK FACTORS Predisposing

- Cognitive impairment
- Dehydration

Feature 1. Acute onset and fluctuating course

presence of features 1 & 2 & either 3 or 4. The diagnosis of Delirium by CAM requires the Confusion Assessment Method - CAM

Diagnostic Algorithm for Delirium

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- Immobility & functional impairment
- Visual & auditory impairment
- Sleep deprivation/disturbance
- Constipation

Feature 4. Altered level of consciousness

Feature 3. Disorganised thinking

Feature 2. Inattention



-CT Brain Arterial blood gases

-B12 and folate Lumbar puncture



EXAMINATION Identify & address the cause

- Obtain vital signs
- ECG
- Cognitive assessment
- Neurological assessment
- Skin inspection Urinalysis and MSU (if UA abnormal)
- Presence of pain FBC, UEC, Gluc, Ca, LFTs, TFTs,
- Chest and abdominal x-ray
- -urther investigations will be dependant upon Specific cultures