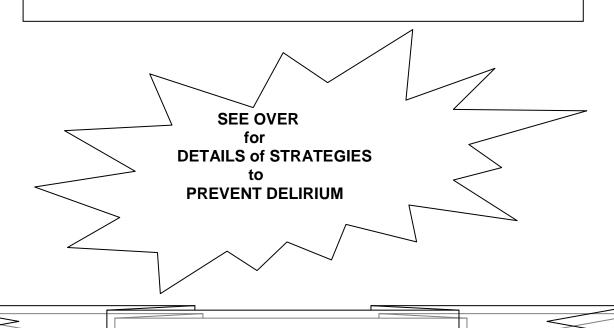


THINK:

- > HYDRATION & NUTRITION
- > PAIN RELIEF
- > FALLS RISK
- > BOWEL & BLADDER MANAGEMENT
- > ORIENTATION to environment
- > Refer for CAM



STRATEGIES TO PREVENT DELIRIUM

<u>Prevention Domain</u>	<u>Prevention Strategy</u>
Hydration and Nutrition	Early recognition of dehydration and volume repletion. Encourage oral intake (SC fluids or IV fluids only if necessary). Provide optimum nutrition and assist when needed. Commence food chart and fluid balance chart.
Cognitive Impairment	Establish baseline using AMTS, MMSE or RUDAS. Discuss with family/carer. Orientation (clock, whiteboard, photos) and orientate verbally regularly, diversional strategies. Repeat cognitive tests if changes noted
Pharmacological	Monitor medications associated with a high risk of delirium.
Immobility & Falls	Assess falls risk and ensure safe environment to minimize risk. Ambulation or active range of movements >TDS. Avoid immobilizing equipment e.g. restraints, bladder catheters and IV lines.
Bowel and Bladder	Fluid Balance Chart and Bowel Chart. Monitor for constipation and urinary retention. Maintain continence.
Sleep ₄₇	Avoid use of hypnotics. Maintain normal sleep/wake cycles. Promote sleep – massage, toilet program, no caffeine, pain management, noise reduction, limit interruptions
Sensory	Ensure use of sensory aids when possible (hearing aids, spectacles, dentures). Check ears for wax if hearing deficit.
Environment	Encourage family to stay with patient when possible (consider reducing numbers of visitors, family organizing a 'roster' system). Reduce noise and activity. Ensure bright light in daytime and dark at night (night light in WC). Stable, comfortable room temperature TV, radio, newspapers. large face clock, orienting signs.
Pain	Assess and` manage pain
Language	If CALD background consider necessity for interpreter, use of written commonly used words, family involvement with care.