

# COVID-19 and delirium

Delirium can be a feature of COVID-19. Delirium is a common and serious medical problem that is characterised by changes in mental and physical function.

## 1. Identify

Screen all patients with suspected or confirmed COVID-19, and repeat if there is a change or fluctuation in cognition, behaviour or function, using the following tools:



On eMR:

- Abbreviated Mental Test Score (AMTS)
- Confusion Assessment Method (CAM)

Where a paper form is in use:

- 4AT

## 2. Causes

Delirium is often associated with an underlying illness or infection, including COVID-19. Other common causes of delirium, which should be managed and prevented, include:



- medications/polypharmacy
- constipation or urinary retention
- dehydration or malnutrition
- pain
- sleep disturbance
- urinary tract infection (UTI)
- withdrawal from alcohol, cigarettes or medication and in particular sedatives
- changes in a person's environment, such as being hospitalised or the introduction of noise, temperature, medical devices or physical restraints
- surgery and anaesthetic.

## 3. Symptoms

Symptoms of delirium occur suddenly, fluctuate and involve changes to a person's behaviour, cognition, consciousness and/or functional ability. The person may:



- act differently from their usual self
- appear inattentive, disoriented, vague or forgetful
- be drowsy, lethargic, withdrawn, agitated, restless or aggressive
- feel fearful, upset, irritable, angry or sad
- experience hallucinations or delusions that seem very real to them
- experience changes to sleeping habits like remaining awake at night and drowsy during day
- have reduced function that may include falls, mobility and ability to self-care
- have new incontinence.

## 4. Care strategies

Implement the following care strategies:



- Gain the person's attention before any interaction.
- Remain calm and speak slowly in a clear voice, identify yourself and address the person by their name.
- If the person usually wears glasses or hearing aids, ensure they are on and working.
- Proactive rounding, including the five Ps (pee, poo, pus, pain and pills).
- Regularly assess and manage pain.
- Encourage and assist with eating, drinking, mobility, toileting and monitor bowels. Maintain adequate hydration.
- Orientate using location, date and time and utilise visual cues like clocks and calendars.
- Ensure lighting is appropriate to the time of day. eg. make sure blinds are open during day and encourage normal sleep pattern.
- Engage in meaningful conversations and activities.
- Encourage communication with family/carers via voice or video call
- Avoid arguing with the person and provide reassurance.

Pharmacological treatment may be considered if a person remains distressed or is at risk to themselves or others. Refer to local policies for guidance.

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