

Think Delirium



Delirium is a medical emergency • It can be prevented and is treatable

Is your patient more confused than normal?

Early intervention is key to prevention

At risk patients include those:

- who are over 65;
- with existing cognitive decline;
- who are acutely ill;
- with a fractured neck of femur.

Single Question to identify Delirium (SQiD):

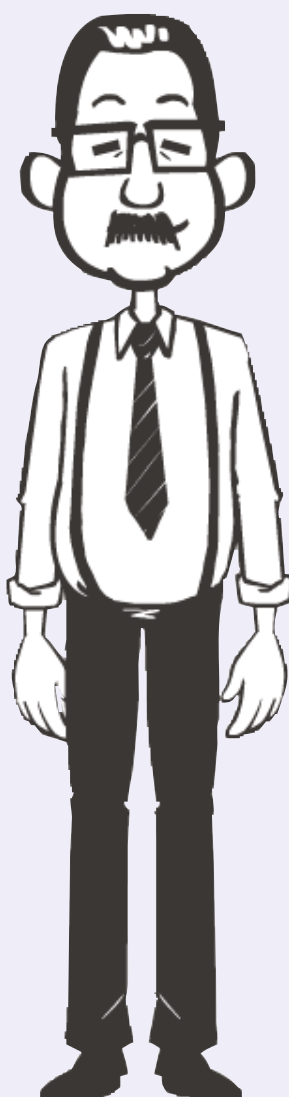
Are they more confused than normal?

Screen for increased risk factors

- D** Dehydration
- E** Eyes and ears
- L** Limited mobility
- I** Infection
- R** Reduce pain
- I** Impaired cognition
- U** Up at night
- M** Medication

Prevention and management

1. Treat the cause of delirium.
2. Avoid transfers.
3. Reorientate to current place and time.
4. Pain management.
5. Adequate fluids.
6. Use of eyeglasses and hearing aids, if applicable.
7. Familiar objects and stimulating activities.
8. Reduce noise and avoid sleep interruptions when possible.
9. Address mobility.
10. Engage with family and carers



Assessment and review

- Review level of confusion on admission
- Daily observation for at risk patients
- Use 4AT rapid assessment test for delirium to diagnose delirium in more confused patients
- Clinical assessments to identify source of delirium