

ACUTE MANAGEMENT OF DELIRIUM IN OLDER PATIENTS

A CARE PATHWAY

STEP 1 → **CONSIDER DELIRIUM**

REMEMBER

HYPO-ACTIVE DELIRIUM

HYPER-ACTIVE DELIRIUM

→ **IN WHOM?**

- Fluctuating confusion
- Change in behaviour
- Visual hallucinations/ fleeting psychotic features
- Inverse sleep rhythm

→ **ADULTS OVER 60**

→ **RISK FACTORS**

- Reduced cognitive reserve
- Sepsis
- Neck of femur fracture
- Visual impairment
- Polypharmacy
- Previous delirium

→ **SCREEN WITH 4AT**

STEP 2 → **ASSESS & TREAT TRIGGERING FACTORS**

→ **TRIGGERING FACTORS**

Drugs new, increased dose, interactions, over-the-counter, alcohol

Electrolytes- dehydration, Na, Ca, thyroid

Lack of drugs- withdrawal of sedative/alcohol, lack of pain relief

Infection

Reduced sensory input- vision, hearing

Intracranial- infection, stroke, bleed, tumour

Urinary and faecal disorders- retention, constipation

Myocardial and pulmonary- MI, Heart failure, arrhythmia, severe anaemia, hypoxia, hypercarbia

STEP 3 → **MANAGE DELIRIUM BEHAVIOUR**

NON-PHARMACOLOGICAL

MAIN STAY

<ol style="list-style-type: none"> 1. Multidisciplinary team effort 2. Calm atmosphere- don't argue or force interventions 3. Attend to patient's unique needs- hydration, nutrition, pain relief. bowels and bladder 4 Re-orientation - Use clocks/ calendars/newspapers; educate and involve family 	<ol style="list-style-type: none"> 5. Listen and acknowledge fears/frustrations 6. Familiar care giver 7. Ensure hearing aids/ visual aids at hand 8. Manage patient safety 9. Avoid physical restraint as much as possible 10. Monitor with behaviour charts
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STEP 4 → **MANAGE DELIRIUM BEHAVIOUR**

PHARMACOLOGICAL

ONLY CONSIDERED IF PATIENT IS A DANGER TO THEMSELVES AND/OR OTHERS

NOT ROUTINELY USED- SHOULD BE THE LAST RESORT!

Options

- Haloperidol 0.5mg 1mg PO/IM every 4hrs (Max 5mg /24 hrs) **Avoid in Parkinsons Disease/Lewy body dementia**
- Lorazepam 0.5mg 1mg PO/IM every 4 hrs Max 3mg/24 hrs)
- Risperidone 0.25mg-0.5mg bd (Max 3mg/24 hrs)
- Quetiapine start with 25mg/d (Max 25mg bd)

When appropriate, use...

- Sparingly-review daily and withdraw as soon as possible
- Oral medication rather than parenteral
- Lowest effective dose
- For shortest duration