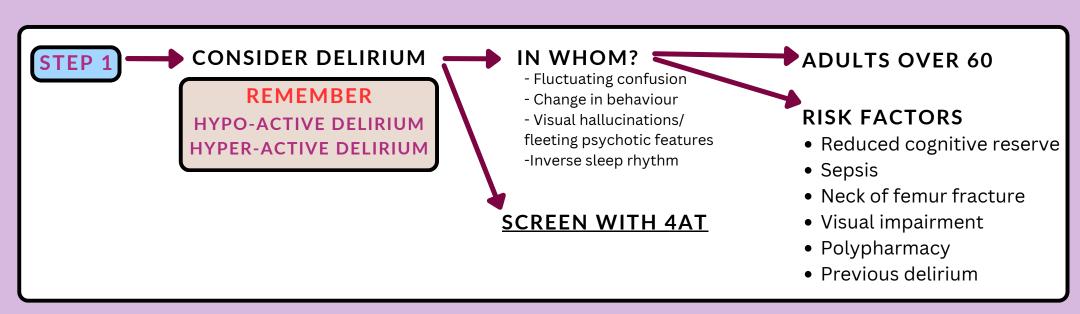


## SRI LANKAN ASSOCIATION OF GERIATRIC MEDICINE

# ACUTE MANAGEMENT OF DELIRIUM IN OLDER PATIENTS

A CARE PATHWAY



## TREAT TRIGGERING FACTORS

#### TRIGGERING FACTORS

- D rugs new, increased dose, interactions, over-the-counter, alcohol
- E lectrolytes-dehydration, Na, Ca, thyroid
- $oxed{L}$  ack of drugs- withdrawl of sedative/alcohol, lack of pain relief
- Infection
- R educed sensory input-vision, hearing
- ${f I}$   ${f ntracranial}$ - ${f infection}$ ,  ${f stroke}$ ,  ${f bleed}$ ,  ${f tumour}$
- oxdot rinary and faecal disorders- retention, constipation
- M yocardial and pulmonary- MI, Heart failure, arrythmia, severe anaemia, hypoxia,hypercarbia



## MANAGE DELIRIUM BEHAVIOUR

NON-PHARMACOLOGICAL



- 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
- 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

STEP 4

ONLY CONSIDERED

IF PATIENT IS A DANGER

TO THEMSELVES

AND/OR OTHERS

### MANAGE DELIRIUM BEHAVIOUR

**PHARMACOLOGICAL** 

SHOULD BE THE LAST RESORT!

**Options** 

When appropriate, use...

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

- Haloperidol 0.5mg Img PO/IM every 4hrs (Max 5mg /24 hrs) Avoid in Parkinsons Disease/Lewy body dementia
- Lorazepam 0.5mg Img 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)



SRI LANKA COLLEGE OF INTERNAL MEDICINE (SLCIM)