

PROTOCOL FOR: Delirium - Care of the Patient with

SUPPORTIVE

DATA: Delirium is an often unrecognized condition due to its complexity and multifaceted nature. The lack of recognition of delirium can significantly impact an older patient's quality of life, morbidity, and mortality.

The management of patients with delirium typically begins with recognizing and treating the underlying causes.

ACUTE CONFUSION DEFINITION: An acute presentation of confusion is a symptom, not a disease; therefore, its etiology can range from metabolic disorders to acute psychiatric disorders.

DELIRIUM DEFINITION: The essential feature of delirium is a disturbance of consciousness that includes a change in cognition (i.e., thinking skills, comprising language use, calculation, perception, memory, awareness, reasoning, judgement, learning, intellect, social skills, and imagination). The specific identifying factors include an acute onset, usually over hours to days, with fluctuating behavior, and the inability to focus, sustain, or shift attention.

DESIRED PATIENT

- OUTCOMES:**
1. Optimal safety of patients will be maintained during hospitalization.
 2. Episodes of acute confusion/delirium will be managed with minimal use of physical or chemical restraints.

**CLINICAL
ASSESSMENT AND**

- CARE:**
1. Assess for risk factors or predictors for the development of delirium:
 - a. Any patient is at risk, but the geriatric patient has the highest risk
 - b. Multiple medical conditions/diagnoses
 - c. Sensory (hearing or visual) deprivation
 - d. Pain (unmanaged or poorly managed)
 - e. Sleep deprivation
 - f. Impaired physical or functional ability (ADL's, incontinence, altered mobility)
 - g. Neurological Disturbances (cognitive impairment, brain damage, seizures, CNS infections, aneurysm, dementia)
 - h. Acute psychiatric disorders, particularly depression, and other affective disorders
 - i. Chronic hepatitis disease
 - j. Fluid and electrolyte imbalances (Kidney Disease (dialysis,

PROTOCOL FOR: Delirium - Care of the Patient with

- chronic renal disease)
 - k. Cardiovascular disease
 - l. Pulmonary disease (hypoxia)
 - m. Metabolic disturbances (abnormal blood glucose)
 - n. Nutritional deficiencies (niacin, thiamine)
 - o. Infection and trauma (UTI, respiratory infection, ↑WBC, emergency admission, fracture, falls, orthopedic surgery)
 - p. Pharmaceutical (polypharmacy [usually four or more in conjunction], drugs with anticholinergic and/or sedative side effects, narcotic use, drug or alcohol abuse, drug withdrawal)
2. Treatment for patients with delirium may include any of the following interventions:
- a. Repeat information as necessary; give repeated verbal reminders of day, time, location, etc.
 - b. Communicate clearly and concisely
 - c. Place the patient's familiar objects and equipment nearby on bedside stand
 - d. Provide a calm and quiet environment with soft and natural lighting
 - e. Night light to decrease night time disorientation
 - f. Relaxation tapes/music
 - g. Diversional activities
 - h. Room placement closer to nursing station
 - i. Use calendars and clocks to help orient patient
 - j. Bed and/or chair alarm
 - k. Encourage self-care and participation in treatment; do not force patients to do things they do not want to, as this is likely to cause disruptive behavior
 - l. Encourage and initiate reminiscing about family, past achievements, skills, etc. to promote self-esteem
 - m. Avoid physical and/or chemical restraints whenever possible, by using product alternatives (skin sleeves, bed and chair alarms, wander alarms, wedge cushion, etc); if restraints must be used (LIP order necessary), use the least restrictive
 - n. Collaborate with LIP to determine optimal medication regimen

PROTOCOL FOR: Delirium - Care of the Patient with

- o. Medication teaching and review; monitor for adverse effects of medications
- p. Consider that patients maybe under-treated for pain because of the fear of exacerbating or intensifying delirium
- q. Consider patient supervision (constant observation); LIP order necessary
- r. Request a psychiatric consultation when an elderly patient is not responding to treatment for delirium
- s. Request a psychiatric consultation as needed for the management of behavior, psychosis, medication interventions, history of psychiatric treatment, etc.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 12/05

REVISION DATES: 8/06, 7/09