

DELIRIUM –SEARCHING FOR THE CAUSE

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**Delirium Symptom List from CAM**

- Sudden change in mental status
- Change in behaviour: fluctuates from normal to abnormal over hours to days to weeks (<1 mo)
- Difficulty in focusing attention
- Disorganized thinking and/or altered level of consciousness

Begin your assessment with the highest probable risk for your patient’s situation.

**Drug Toxicity ?**

a. On more than **six medications**, especially:

- |                                       |                      |
|---------------------------------------|----------------------|
| – anticonvulsants                     | – barbiturates       |
| – histamine H <sub>2</sub> antagonist | – thiazide diuretics |
| – insulin/hypoglycemic agent          | – anticholinergics   |
| – antipsychotics                      | – antidepressants    |
| – benzodiazepines                     | – cardiac glycosides |
| – narcotics                           | – anesthetic         |

**Order drug chemistry and/or trial discontinuation of medicine.**

b. Receiving a medication for **more than 5 years**

c. **Age 75** or older

d. Running drug levels beyond or at the **high end of therapeutic range**

**Sleep Disturbance ?**

- a) Assess baseline normal sleep pattern
- b) **Identify causes of sleep disturbance** (Medications, pain and/or environment)



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**Elimination Problems ?**

a. **Urinary problems**

- 1) history of incontinence, retention, or indwelling catheter
- 2) signs or symptoms of dehydration, tenting, increased BUN
- 3) decreased urinary output
- 4) taking anticholinergic medication
- 5) abdominal distention

b. **Gastrointestinal problems**

- 1) immobility for more than 1 day in persons previously mobile
- 2) abdominal distention
- 3) decreased number of bowel movements or constipated stool
- 4) decreased fluid intake – dehydration
- 5) decreased food intake, especially bulk

Request in-out catheterization for postvoid residual and/or incontinence assessment, or both.  
Accomplish digital rectal exam, request enema, initiate appropriate bowel regimen.

**Discharge Home?**

- a) Review post operative history while in hospital (reaction to anesthetic, analgesia, opioids/anticholinergics)
- b) Coordinate home care services
- c) Promote early activity to ensure mobility, safety (PT/OT)
- d) Monitor post status at home/disease /medication management

**Post Surgical?**

- a) Review pain management/**Opioids**
- b) Review mobility, skin and wound assessment
- c) Any reactions to anesthetic, analgesic

**Promote mobilization, activity, and manage pain**



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**Infection ?**

- a. elevation in baseline **temperature**, even less than 37.56°C rectally
- b. **history** of lower respiratory infection or UTI more than twice per year
- c. **history** of any chronic infection
- d. recent episode of **falling**

**Request appropriate diagnostic tests.**

Most common: urinalysis, chest X-ray, sputum cultures as indicated

**Changes in Chronic Illness ?**

Physical and psychosocial assessment reveals **exacerbation\*** of previously diagnosed condition, such as:

- |   |                              |
|---|------------------------------|
| – Diabetes mellitus                               | – Hypo/hypertension          |
| – COPD  | – ASHD                       |
| – Cerebrovascular insufficiency                   | – Alzheimer disease/dementia |
| – Cancer  | – Pain                       |
| – Depression                                      | – Hypoxia                    |
| – Substance misuse (e.g. alcohol, drugs, tobacco) |                              |

Request appropriate diagnostic tests

(\* Exacerbation may be accompanied by increased levels of pain and/or decreased functional abilities)

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**New Disease Process ?**

a) Cardio and cerebrovascular conditions

1. Silent MI
2. TIA/CVA
3. CHF

*or*

b) GI conditions, GI bleed, if evidence of daily use of NSAIDs or steroids *or*

c) Other medical conditions

- |   |           |
|---|-----------|
| 1. Hypo/hyperglycemia   | c. Cancer |
| 2. Hypo/hyperthyroidism   | d. Pain   |
| 3. Electrolyte imbalance  | e. Low B2 |
| 4. Neurological conditions (e.g. normal pressure hydrocephalus) |           |
| 5. Abuse or withdrawal from alcohol, drugs, tobacco             |           |

**Request appropriate diagnostic tests**

(e.g. PE, pulse oximetry, EKG, hemoglobin and hematocrit, chemistry screen, electrolytes, TSH, specific test for cancer detection, CAT)

*or*

d) Psychiatric conditions, especially if evidence of family history

**Request psychiatric evaluation, dementia work up**

**Psychosocial/Environmental ?**

a) Home assessment/safety

b) Supports: family involvement/friends/alone

c) ADLs and AIDLs