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About this toolkit

The SF7 Toolkit is a Senior Friendly Care (sfCare) resource that supports clinical best practices for healthcare providers across the sectors of care and includes self-management tools for older adults and their caregivers. Senior Friendly 7 focuses on seven clinical areas that support resilience, independence, and quality of life.

The toolkit is available by individual topic, or bundled together. All SF7 toolkit options are available on our website: https://www.rgptoronto.ca/resources/

Use of this toolkit

The content for older adults and their family or caregivers is not intended to replace the advice of a physician or other qualified healthcare providers.

The toolkit provides a common practice framework that complements the unique skills and practices of the various care providers helping older adults. The content is provided for guidance, and is not intended to be exhaustive.

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The toolkit was created by the RGP of Toronto, and was informed by over 200 people, including clinical subject matter experts, older adults and their caregivers, and frontline healthcare providers who participated in co-creation events.

The RGP gratefully acknowledges the clinical review of this toolkit by Dr. Monidipa Dasgupta who is affiliated with Western University (Division of Geriatric Medicine) and Specialized Geriatric Services (SGS) in London.
DELIRIUM IS an acute disturbance in mental abilities that results in confused thinking and reduced awareness of the environment.

**More COMMON than you might think!**

Up to 75% of older adults experience delirium after acute illness or surgery.¹⁴

**Often MISDIAGNOSED or NOT DETECTED!**

Sometimes mistaken for or documented as:
- confusion
- agitation
- depression
- dementia

**KNOW THE SIGNS AND SYMPTOMS.** They often fluctuate throughout the day, and there may be periods of no symptoms. Primary signs and symptoms include changes in:

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<td>▪ Lack of concentration and getting distracted easily.</td>
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<td>▪ Not being able to respond to a question by getting stuck on a thought or an opinion.</td>
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<td>▪ Poor recent memory</td>
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<td>▪ Being disoriented to time and place</td>
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<td>▪ Difficulty in comprehending speech, readings, and writings</td>
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<td>▪ Hallucination (seeing things that do not exist)</td>
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<td>▪ Delayed response and movement</td>
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<td>▪ Significant changes in sleep habits</td>
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<td>▪ Rapid and unpredictable mood changes</td>
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<td>▪ Feeling depressed or euphoric without reason</td>
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**Delirium is a medical emergency which can be prevented and reversed!**
Identifying delirium and understanding consequences

Quietly delirious

Hypoactive delirium can be more difficult to recognise than hyperactive delirium, and is associated with worse outcomes. This infographic summarises the main differences between the two forms of delirium.

Delirium

According to the DSM-5\(^*\) classification, to be diagnosed with delirium a patient must display all of the following:

- Disturbance in attention
  - Ask patient to name the months of the year backwards

- Disturbance in awareness
  - Ask patient their age, date of birth, place and current year

- An additional disturbance
  - Such as defects in:
    - Memory
    - Visual/spatial ability
    - Language
    - Perception

- Acute change
  - Develops over a short period of time
  - Sudden change from baseline
  - Fluctuates during the course of a day
  - May require information from other staff, carers, or case notes

- No better explanation
  - These disturbances are not better explained by a pre-existing, established or evolving neurocognitive disorder or coma state

- Evidence of cause
  - Evidence that disturbance is a consequence of one or more of:
    - Another medical condition
    - Substance intoxication
    - Substance withdrawal
    - Exposure to a toxin

Hyperactive delirium

- Predominantly restless and agitated
  - Increased motor activity
  - Loss of control of activity
  - Restlessness
  - Wandering

Mixed motor type

- Evidence of both subtypes in the previous 24 hours

Hypoactive delirium

- Predominantly drowsy and inactive
  - Decreased activity
  - Decreased action speed
  - Decreased speed of speech
  - Decreased amount of speech
  - Reduced awareness of surroundings
  - Listlessness
  - Withdrawal

Adverse consequences

- Hypoactive delirium
  - + Greater length of stay
  - + Greater frequency of falls
  - - Greater mortality
  - - Less reversibility
  - - Worse quality of life

- Hyperactive delirium
  - + Greater length of stay
  - + Greater frequency of falls
  - - Greater mortality
  - - Less reversibility
  - - Worse quality of life

- All types of delirium
  - Reduced functional ability
  - Onset of dementia
  - Increased mortality
  - Admission to long term care
  - Distress
  - Increased length of stay
  - Hospital acquired complications
  - Pressure sores
  - Incontinence
  - Falls

\(^{*}\) DSM-5 = Diagnostic and Statistical Manual of Mental Disorders (fifth edition)

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Awareness of risk factors is a key to prevention and diagnosis.

Some of the factors which can predispose someone to delirium or precipitate delirium include:

- Advanced age
- Dementia
- Sensory or functional impairment
- Metabolic disorders
- Malnutrition
- Medications
- Infection
- Dehydration
- Constipation
- Urinary retention
- Substances use disorders
- Malnutrition
- Sensory or functional impairment
- Metabolic disorders
- Medications
- Infection
- Dehydration
- Constipation
- Urinary retention
- Substance use disorders

For more information, see the Assessment and Management in Delirium Patients Quick Reference Card (Canadian Coalition for Seniors’ Mental Health, 2010).
6 PROVEN STRATEGIES TO PREVENT DELIRIUM IN OLDER ADULTS

01. STIMULATING THE MIND
   Promote daily socializing, reading, listening to music, completing mind challenge games (such as crossword puzzles), and activities or conversations that help remind older adults what day/month/year it is.

02. MOVING
   Promote physical activity - at least 3 times a day.

03. SLEEPING WELL
   Use techniques to promote relaxation and sufficient sleep.

04. SEEING AND HEARING
   Ensure hearing aids and glasses are available at all times, if needed.

05. STAYING HYDRATED
   Ensure plenty of fluids are taken throughout the day to avoid dehydration.

06. EATING
   Ensure nutritious food is available throughout the day, and promote eating with others if possible.

DELIRIUM IS PREVENTABLE!
For all older adults, use these proven strategies to help prevent delirium*.

*If delirium develops, support the older adult by continuing to use these strategies.
**DELIRIUM IS A MEDICAL EMERGENCY!** Prompt recognition and treatment may reduce the likelihood of long-term complications.

If you or your family member notice sudden changes in thinking, memory or personality you should report your concerns to a doctor or nurse immediately so that they can fully assess.

You may want to use this Delirium Detection Questionnaire for Caregivers, which highlights **7 CHANGES WHICH MAY HELP IDENTIFY DELIRIUM**. It can be used to help communicate your concerns to a doctor or nurse.

### Delirium Detection Questionnaire for Caregivers

1. Altered level of awareness to the environment in any way different than being normally awake.

2. Reduced attentiveness; inability to focus on you during the interaction.

3. Fluctuation in awareness and attentiveness such as drifting in and out during an interaction or through the day.

4. Disordered thinking; the response (whether verbal or action) is unrelated to the question or request.

5. Disorganized behaviour; purposeless, irrational, under-responsive or over-responsive to requests.

6. Unexplained impaired eating or drinking (excluding appetite); unable to perform the actions to feed oneself.

7. Unexplained difficulty with mobility or movement.

**Learn more about** [The Sour Seven: Delirium Detection Questionnaire for Caregivers](#) *(Trillium Health Partners, 2014)* [15]

**Learn more about delirium in the pamphlet** [Delirium Prevention and Care with Older Adults](#) *(Canadian Coalition for Seniors' Mental Health, 2016)* [22]
The SF7 Toolkit - Delirium

Assess

- If you notice sudden changes in thinking, memory or personality consider using The Delirium Detection Questionnaire for Caregivers (Trillium Health Partners, 2014). This tool looks at 7 changes which may help identify delirium, and can be used to help communicate your concerns to a doctor or nurse.

Or

- If you are a clinician who is familiar with the CAM (Confusion Assessment Method) (Hospital Elder Life Program, 2003) use this tool as part of an initial assessment.

Manage

- For all older adults, use proven strategies to prevent delirium. See page 7.
- If the CAM is positive, this should prompt immediate assessment by a physician or nurse.

Communicate

- Communicate findings within the circle of care (healthcare team).
- Support older adult and their family. Consider providing written information about delirium, such as the Delirium Prevention and Care with Older Adults handout (Canadian Coalition for Seniors' Mental Health, 2016)
Delirium in primary care

- When an older adult presents with a change in their condition, be aware that this may trigger a delirium.

- Consider using the CAM (Confusion Assessment Method) (Hospital Elder Life Program, 2003) or the 4 AT Assessment Test for delirium & cognitive impairment (MacLullich A., Ryan T., Cash H., 2011) as a screening tool.

- Consider asking families or homecare providers to complete The Delirium Detection Questionnaire for Caregivers (Trillium Health Partners, 2014) or the FAM CAM (Family Confusion Assessment Method) tool.

- If the older adult screens positive for delirium, search for a cause, using the Delirium Assessment and Treatment for Older Adults – Clinician's Pocket Card (Canadian Coalition for Seniors' Mental Health, 2010).

For all older adults, use proven strategies to prevent delirium. See page 7.

- Provide treatment for underlying causes and supportive care for delirium symptoms or refer to an emergency department as needed. For more information on the prevention and management of delirium, please refer to tools from:
  - Canadian Coalition for Seniors' Mental Health
  - Hospital Elder Life Program (HELP) for Prevention of Delirium

Communicate findings within the circle of care (healthcare team).

- Support the older adult and their family. Consider providing written information about delirium, such as the Delirium Prevention and Care with Older Adults handout (Canadian Coalition for Seniors' Mental Health, 2016).

- For planned admission to hospital, communicate previous incidence of delirium or suspected risk of delirium.
Delirium in hospital

Assess

- Screen for delirium daily using the CAM (Confusion Assessment Method) (Hospital Elder Life Program, 2003) or the 4 AT Assessment Test for delirium & cognitive impairment (MacLullich A., Ryan T., Cash H., 2011).

- If the older adult screens positive for delirium, search for a cause, using the Delirium Assessment and Treatment for Older Adults – Clinician’s Pocket Card (Canadian Coalition for Seniors’ Mental Health, 2010).

Manage

- For all older adults, use proven strategies to prevent delirium. See page 7.

- Provide treatment for underlying causes and supportive care for delirium symptoms. For more information on the prevention and management of delirium, please refer to tools from:
  - Canadian Coalition for Seniors' Mental Health
  - Hospital Elder Life Program (HELP) for Prevention of Delirium

- For planned surgical procedures, there are several tools available for delirium risk screening: The Delirium Prediction Based on hospital Information (Delphi) in general surgery patients (Kim MY., Park UJ., Kim HT., Cho WH., 2016), The European System for Cardiac Operative Risk Evaluation (EuroSCORE) [http://www.euroscore.org/](EuroSCORE study group, 2011) and The Delirium Elderly At Risk (DEAR) (Freter, SH. Copyright © 2004-2010 by Dalhousie University) tool for orthopedic surgery.

Communicate

- Support the older adult and their family. Consider providing written information about delirium, such as the Delirium Prevention and Care with Older Adults handout (Canadian Coalition for Seniors’ Mental Health, 2016)

- For older adults who experienced delirium in hospital, include recommendations related to follow up care in discharge plans.
Delirium in long-term care

- Know the signs of delirium, and look for changes in the older adult’s condition.

- Consider using the CAM (Confusion Assessment Method) (Hospital Elder Life Program, 2003) or the 4 AT Assessment Test for delirium & cognitive impairment (MacLullich A., Ryan T., Cash H., 2011) as a screening tool.

- Consider asking families or homecare providers to complete The Delirium Detection Questionnaire for Caregivers (Trillium Health Partners, 2014).

- If the older adult screens positive for delirium, search for a cause, using the Delirium Assessment and Treatment for Older Adults – Clinician’s Pocket Card (Canadian Coalition for Seniors’ Mental Health, 2010).

- For all older adults, use proven strategies to prevent delirium. See page 7.

- Provide treatment for underlying causes and supportive care for delirium symptoms or refer to an emergency department as needed. For more information on the prevention and management of delirium, please refer to tools from:
  - Canadian Coalition for Seniors' Mental Health
  - Hospital Elder Life Program (HELP) for Prevention of Delirium

- Communicate findings within the circle of care (healthcare team).

- Support the older adult and their family. Consider providing written information about delirium, such as the Delirium Prevention and Care with Older Adults handout (Canadian Coalition for Seniors’ Mental Health, 2016)
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