sfCare™
Senior Friendly Care

Senior Friendly 7

DELIRIUM TOOLKIT

RGP REGIONAL GERIATRIC PROGRAM OF TORONTO

Contents

What is delirium and how common is it?

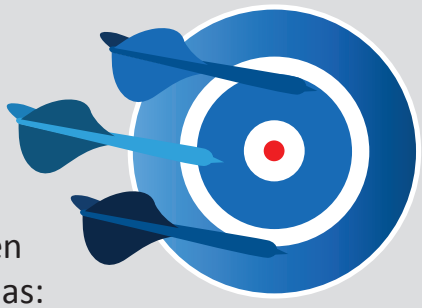
DELIRIUM IS an acute disturbance in mental abilities that results in **confused thinking** and **reduced awareness** of the environment.

More COMMON than you might think!

Up to 75%

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[7] include changes in:

Perception of the environment such as:

- Lack of concentration and getting distracted easily.
- Not being able to respond to a question by getting stuck on a thought or an opinion.

Thinking skills such as:

- Poor recent memory
- Being disoriented to time and place
- Difficulty in comprehending speech, readings, and writings

Behaviour such as:

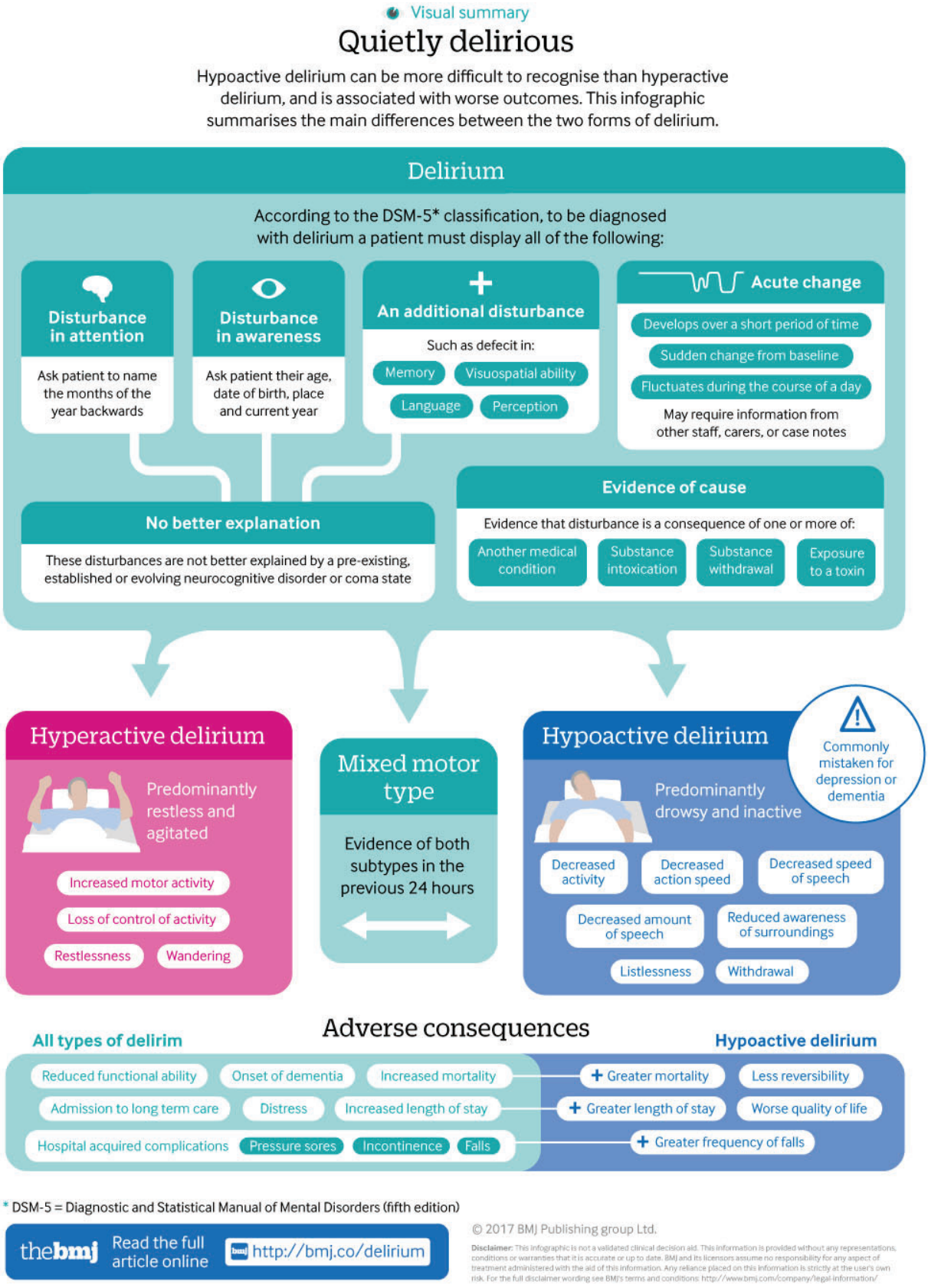
- Hallucination (seeing things that do not exist)
- Delayed response and movement
- Significant changes in sleep habits

Emotion such as:

- Rapid and unpredictable mood changes
- Feeling depressed or euphoric without reason

Delirium is a medical emergency which can be prevented and reversed!

Identifying delirium and understanding consequences



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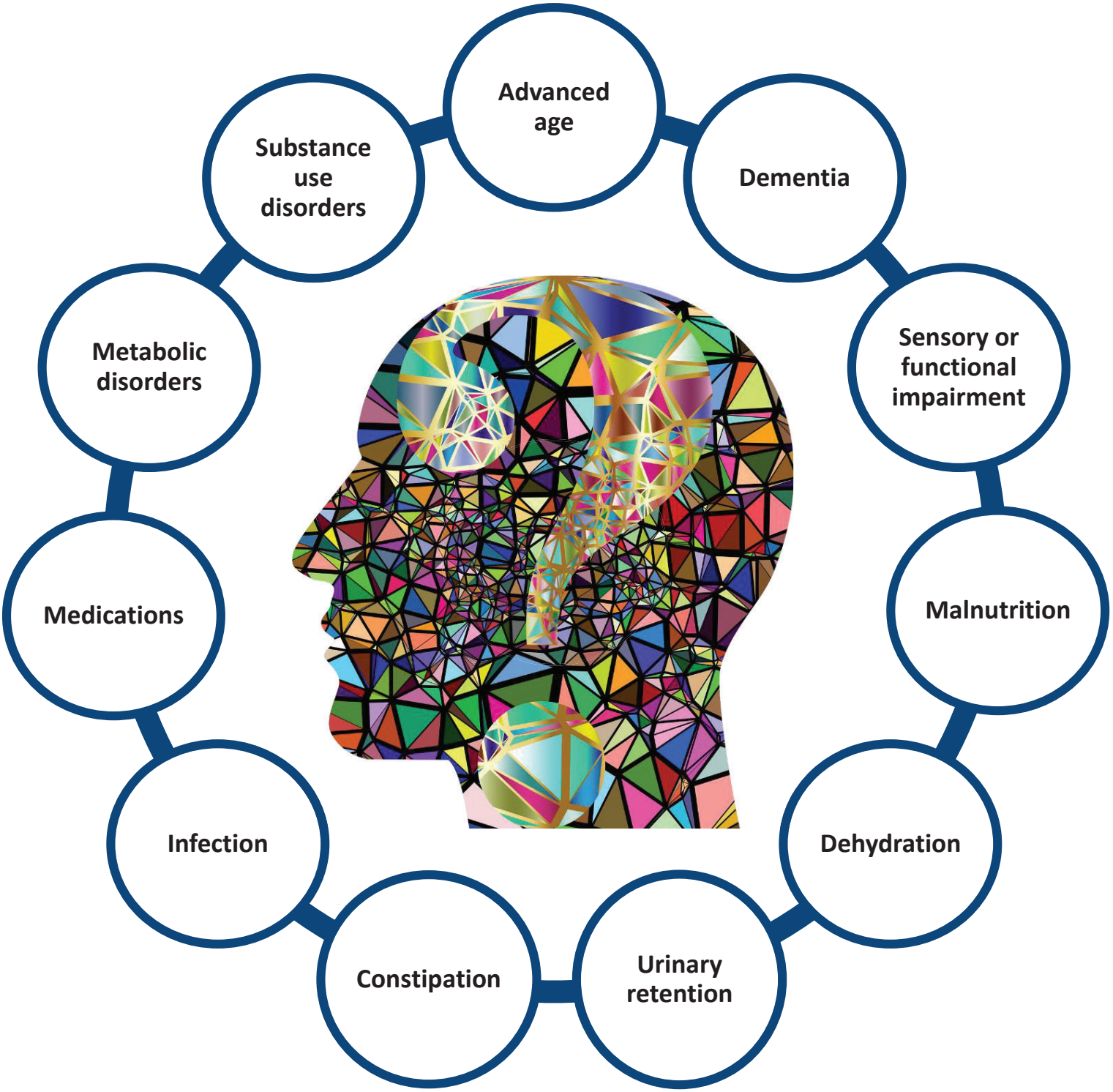
Factors influencing delirium in older adults

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:



For more information, see the Assessment and Management in Delirium Patients Quick Reference Card *(Canadian Coalition for Seniors' Mental Health, 2010)*[4]

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.*

*www.hospitalelderlifeprogram.org

RGP REGIONAL GERIATRIC PROGRAM OF TORONTO

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Delirium information for older adults + family

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]

Delirium in home and community care

- 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.

- 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 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

- 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)*

- 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.

- 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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