DELIRIUM

- ATTENTIONAL deficit
- Develops over short time
- FLUCTUATING symptoms
- Additional COGNITIVE DEFICIT (memory, orientation, language, perception)
- Cannot be explained by another condition
- Often accompanied by HYPER or HYPO-ACTIVITY or impairment in SLEEP duration or architecture

CHECK for and CORRECT

- Polypharmacy, drug rxn, intoxication or withdrawal
- Electrolyte disturbances
- Endocrine disturbance (i.e. thyroid, adrenal)
- Hyper and hypoglycemia
- Hypercarbia or hypoxemia
- Nutritional deficiencies (i.e. B12, folate, niacin, thiamine)
- CNS infections, seizures, head injury, psychiatric disorders
- Trauma, SIRS/sepsis response, Hypo or hyperthermia
- Pain (avoid narcotics and muscle relaxers, prefer NSAIDS and gabapentin)
- Note that most meds used to treat agitated delirium also worsen delirium through anticholinergic effects, deliriogenic effects, or by worsening confusion/sedation/sleep-wake cycles. <u>EVERY TIME you treat delirium with SEDATION, you SACRIFICE the CURE for immediate gratification.</u>
- NO HEAD CT unless there are focal Neuro deficits or pt is at high risk for intracranial bleed

MANAGE ENVIRONMENT/ROUTINE

- Hearing aids/ glasses as needed
- Eliminate medical tethers i.e. foley, IV, tele
- Frequent reorientation
- Maintenance of sleep-wake cycles. You can order no vital sign checks at night or to delay daily weights. Change medication times
- Calendars, clocks, and appropriate use of lighting
- MOST IMPORTANTLY: return to usual home routine, including MOBILIZATION and EATING. Staff will say these patients are not safe to get up because they are so confused/ unable to follow directions. Use extra staff, stroke chair, whatever you need. Staff will say they are not safe to swallow b/c of lack of following commands. Delirium is waxing/waning symptoms. Feed them whenever they are awake. Delirium WILL NOT RESOLVE IF YOU SKIP THIS STEP. You can't just wait until they are less confused

Theories of cause

- Anticholinergic effects: "red as a beet, dry as a bone, hot as a hare, blind as a bat, mad as a hatter, full as a flask"
    - MEDS: antihistamines, tricyclics, scopolamine, atropine, ranitidine, atenolol, oxybutynin, digoxin, tiotropium, paroxetine, doxepin, clozapine, olanzepine are most commonly prescribed offenders
    - FEVER increases natural intrinsic anticholinergic activity
    - SURGERY increases natural intrinsic anticholinergic activity
    - DEMENTIA is theorized to be associated with increased natural intrinsic anticholinergic activity, and is in fact a significant risk factor for delirium
- Excess release of dopamine: tics, psychomotor agitation, psychosis, mania, insomnia, N/V, hiccups, salivation
    - CATECHOLAMINE and CORTISOL release increases natural intrinsic release of excess dopamine (surgery, stress, illness, etc)
    - MEDS such as Adderall, Parkinson's meds, and illicit substances such as methamphetamine and cocaine