Confused older person in ED – Clinical Guide

>65 y.o. (>45 ATSI) confused patient arrives to ED
Risk of delirium¹

Triage minimum Category 3 assigned
If patient requires resus, transfer to resus area & evaluate mental status when stable
Patient to ED acute area for clinical handover

Is the patient agitated?

NO

YES

- Assessment by ED clinician in clinically recommended timeframe
- Risk of delirium¹
- Assess for reversible causes
- Structured examination (¹)
- Check collateral history, including baseline cognitive / behavioural function & recent changes to medication
- Investigations (²)
- Non pharmacological comfort cares

Rapid assessment by ED clinician
Assume delirium¹
Assess for reversible causes
Structured examination (¹)
Check collateral history, including baseline cognitive / behavioural function & recent changes to medication
Investigations (²)
Non pharmacological comfort cares
+/- pharmacological management (³)

Agitation improves and is manageable?

NO

YES

Rapid inpatient review
+/- pharmacological management (³)
Rural sites liaise with RSQ or seek teledem support

Discharge to usual care setting possible?

YES

Discharge to usual care setting if:
- Allied health review reveals no change from usual functional level
- Medical issue treated and medications reviewed
- 24 hour competent supervision available at home or facility (consider carer stress, capacity and capability)
- Discharge care plan and follow-up arranged

NO

Prioritise for admission to Delirium / General Medicine wards
Interim management plan (³)

Inpatient management (⁴)
General medicine / geriatrician / psychogeriatric or mental health consult
Consider Confusion Assessment Method (CAM) upon admission

¹ Delirium: Disturbance of consciousness, attention, cognition and perception that develops over a short period of time (usually hours or days), and tends to fluctuate during the course of the day. Delirium may be a life-threatening and potentially reversible condition.
Delirium care pathways, Department of Health and Ageing, 2011
² Severe behavioural Disturbance: Imminent risk of harm to self or others particularly arising from aggression
³ Kahn et al Am J Psychiatry 1960
⁴ COPED Clinical Guide - Version 1.1