

Statewide Dementia Clinical Network

Delirium Quick Tips



Delirium - Quick Tips

Delirium is an acute confusion state experienced by some older patients. (This is not to be confused with 'delirium tremens' suffered when patients withdraw from excessive alcohol intake).

Delirium is precipitated by an underlying cause that can be found following careful and thorough assessment. Some of the causes may be obvious such as infection, pain, dehydration, constipation but sometimes the cause may be harder to detect. More abstract causes include excessive noise and light, poor & disturbed sleep, frequent bed moves, sensory isolation (poor eye sight and/or hearing), polypharmacy and poor nutrition.

Delirium patients may settle quickly if clinical interventions such as in-dwelling catheters and intravenous lines are removed as soon as possible. Only essential clinical interventions should be performed on the acutely confused patient.

Delirium has an increased risk of developing in persons over the age of 65, persons with reduced sight and hearing, or who have an acute illness and/or a diagnosis of dementia.

Delirium is reversible when treated correctly. Treatment is for the underlying cause. It is important that the cause of a delirium is identified and treatment begins immediately. Patients treated promptly and correctly for a delirium may return to their pre-morbid lifestyle. Reducing the duration of a delirium improves the clinical outcome for the patient.

Delirium may cause behaviours and psychological symptoms that can be difficult for nursing management. The main aim is to manage the behaviours to ensure the patient's safety. Many nursing interventions aid with this aim. Assessments and interventions for pain, ensuring hydration, preventing constipation, sleep enhancing methods such as warm showers, and aggression minimization techniques when interacting with the patient, will all help in the management of the patient through the acute confusion.

For further information/guidelines, refer to '*Clinical Practice Guidelines for the Management of Delirium in Older People*'. October 2006

Developed by the Clinical Epidemiology and Health Service Evaluation Unit, Melbourne Health in collaboration with the Delirium Clinical Guidelines Expert Working Group. Commissioned on behalf of the Australian Health Ministers' Advisory Council (AHMAC), by the AHMAC Health Care of Older Australians Standing Committee (HCOASC). Access <http://docs.health.vic.gov.au/docs/doc/Clinical-Practice-Guidelines-for-the-Management-of-Delirium-in-Older-People---October-2006>