# DELIRIUM

**DIAGNOSIS:** Confusion Assessment Method (CAM)  
Diagnosis requires both #1 to be present and either 3 or 4  

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>HISTORY</th>
<th>EXAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 ACUTE, FLUCTUATING CHANGE in MENTAL STATUS</td>
<td>current illness &amp; family</td>
<td>Mental Status &amp; Nursing</td>
</tr>
<tr>
<td>#2 INATTENTION</td>
<td>establish baseline</td>
<td>Serial 7’s or Months of the year backwards</td>
</tr>
<tr>
<td>#3 DISORGANIZED THINKING</td>
<td>establish baseline</td>
<td>-3 item recall</td>
</tr>
<tr>
<td>4) ALTERED LEVEL OF CONSCIOUSNESS</td>
<td>establish baseline</td>
<td>Observation for biphasic or droopy</td>
</tr>
</tbody>
</table>

**MEDICAL CAUSE EVALUATION**

<table>
<thead>
<tr>
<th>DELIRIUMS (mnemonic)</th>
<th>Labs &amp; Evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>D rugs (<strong>ACUTE CHANGES IN M.S.</strong>)</td>
<td><em>R</em> “Review, Reduce, Remove”</td>
</tr>
<tr>
<td>E motional (e.g. depression, panic disorder)</td>
<td>mood &amp; life interest or GDS</td>
</tr>
<tr>
<td>L ow PO2 states (MI, PE, anemia, CVA)</td>
<td>Satur &amp; EKG, Cardiac enzymes, Hgb</td>
</tr>
<tr>
<td>I nfection</td>
<td>CXR, UA, CBC w/diff</td>
</tr>
<tr>
<td>R etention of urine or feces</td>
<td>PVR, Rectal check</td>
</tr>
<tr>
<td>Ictal states (seizure, post-ictal)</td>
<td></td>
</tr>
<tr>
<td>U ndereaturation/underhydration</td>
<td>U &amp; O, BUN, CR, Albmn</td>
</tr>
<tr>
<td>M etabolic</td>
<td>BMP, LFT, Mag, PO4, B12</td>
</tr>
<tr>
<td>S ubdural (acute CNS processes)</td>
<td>CT, CSF</td>
</tr>
<tr>
<td>S ensory</td>
<td>Maximize vision &amp; hearing</td>
</tr>
</tbody>
</table>

**Add: Pain**

<table>
<thead>
<tr>
<th>Medications for delirium neurotransmitters effect or relative to use (<strong>ACUTE CHANGES IN M.S.</strong>) mnemonic</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMDA</td>
</tr>
<tr>
<td>D2</td>
</tr>
<tr>
<td>5HT2A</td>
</tr>
<tr>
<td>GABA</td>
</tr>
<tr>
<td>GABA-B</td>
</tr>
</tbody>
</table>

**PREVENTION & MANAGEMENT****

**Risk factors (general):** Post-Op or Hospitalization

- DEMENTIA  
- sleep deprivation  
- severe illness  
- fx major joints  
- hearing loss  
- hypoxia  
- vision impairment  
- hypotension  
- dehydration  
- bed rest  
- malnutrition  
- inadequate pain treatment  
- prior delirium  
- decreased cardiac output  
- depression  
- physical restraints  
- hypothermia  
- bladder cath/NG tubes  
- age > 60 y.o.  
- iatrogenic event  
- impaired ADL’s  
- severe coexisting medical diseases  
- liver disease with dysfunction  
- drugs (**ACUTE CHANGES IN M.S.**)  

**Non-pharmacologic management:**

- nursing:  
  - reorient  
  - nutrition  
  - hydration  
  - consistent care givers  
  - sense of control  
- environment:  
  - lighting  
  - auditory control  
  - “sitters”  
  - undisturbed night sleep  

**Pharmacologic management:**

- medication debridement  
- multifactorial problem management  
- -pain?-----------tylenol, **D** narcotics (m.s., oxycodone)  
- -Withdrawal or Neuroleptic Malignant Syndrome**--------lorazepam:  
  - 0.5-1.0 mg po/iv q 2 hrs prn behavior that impairs care  
- -All other causes of Delirium-------haloperidol  
  - 0.5 mg (IM/ PO/ IV) q 30 min PRN to control behavior that impairs care.  
- -If has EPS;  
  - If PO, use: …..Quetiapine 12.5-25mg* q 12 hours prn  
  - If unable PO...Olanzapine 2.5*-5mg IM/PO/ODT q 6 hrs  
  - **prn** behavior that impairs care.  

**Long term plan:**

- prepare family/social work for prolonged recovery  
- possible prolonged/permanent cognitive decline  

For more information see GERI Pearls at: www.unmc.edu/geriatrics **evv update 5-11-11**