UIHC Department of Psychiatry

Maintenance of Certification

Performance in Practice (PIP) Assessment Tool:

Evaluation and Treatment of Delirium

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THE UNIVERSITY OF IOWA DEPARTMENT OF PSYCHIATRY HAS REVIEWED THE PERFORMANC IN PRACTICE (PIP) ASSESSMENT TOOL: EVALUATION AND TREATMENT OF DELIRIUM AND HAS APPROVED THIS TOOL AS A PART OF A COMPREHENSIVE PERFORMANCE IN PRACTICE PROGRAM, WHICH IS MANDATED BY THE ABMS AS A NECESSARY COMPONENT OF MAINTENANCE OF CERTIFICATION

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Maintenance of Certification

Performance in Practice (PIP) Assessment Tool:
Evaluation and Management of Delirium

Reference: National Institute for Health and Care Excellence (NICE Guideline) CG103
Delirium: Diagnosis, prevention and management, issued July 2010
https://www.nice.org.uk/guidance/cg103

Instructions: Identify five recent patients who were assessed and treated for delirium. For each of the identified patient cases, review the chart for each of the elements contained in this outline. Place a checkmark for each of the elements completed for each patient case. For any element where fewer than five checkmarks are given, examine whether other circumstances explain why your practice was not consistent with recommended practices. Consider whether changes in your practice or use of clinical tools could strengthen your evaluation and treatment of delirium.

Guideline Recommendation Being Reviewed		Patient					Number of Patients with Checkmark in row	Explanation
Were efforts made to educate family about delirium?		#1	#2	#3	#4	#5		
1	Discussed delirium with family (and patient when possible) and/or gave educational handout						____/5	CG103 Delirium Guidelines: 1.7.1 Offer information and support to patients at risk for or who have delirium, and their family and/or caregivers. Informational material should include: • informs them of the signs and symptoms of delirium • informs them that delirium is common and usually temporary • describes people's experience of delirium • encourages people at risk and their families and/or carers to tell their healthcare team about any sudden changes or fluctuations in behavior • encourages the person who has had delirium to share their experience of delirium with the healthcare professional during recovery • advises the patient of any support groups. 1.7.2 Ensure that information provided meets the cultural, cognitive and language needs of the person.
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Guideline Recommendation Being Reviewed		Patient					Number of Patients with Checkmark in row	Explanation
Did the medical evaluation include the following? (can be done and documented by primary medical team/consultee)		#1	#2	#3	#4	#5		
1	Detailed medical history						____/5	CG103 Delirium Guidelines: 1.1.1 When patients first present to hospital or long-term care, assess them for the following risk factors. If any of these risk factors is present, the person is at risk of delirium. • Age 65 years or older. • Cognitive impairment (past or present) and/or dementia. If cognitive impairment is suspected, confirm it using a standardized and validated cognitive impairment measure. • Current hip fracture. • Severe illness (a clinical condition that is deteriorating or is at risk of deterioration). 1.1.2 Observe people at every opportunity for any changes in the risk factors for delirium.
2	Detailed physical and mental status exam						____/5	CG103 Delirium Guidelines: 1.2.1 At presentation, assess people at risk for recent (within hours or days) changes or fluctuations in behavior. These may be reported by the patient at

								risk, or a caregiver or relative. Be particularly vigilant for behavior indicating hypoactive delirium (marked*). These behavior changes may affect: • Cognitive function: for example, worsened concentration*, slow responses*, confusion. • Perception: for example, visual or auditory hallucinations. • Physical function: for example, reduced mobility*, reduced movement*, restlessness, agitation, changes in appetite*, sleep disturbance. • Social behavior: for example, lack of cooperation with reasonable requests, withdrawal*, or alterations in communication, mood and/or attitude. If any of these behavior changes are present, a healthcare professional who is trained and competent in diagnosing delirium should carry out a clinical assessment to confirm the diagnosis.
3	Laboratory testing and/or other studies						___/5	Note: CG103 Delirium guidelines do not cover this; routine testing for toxic,

								metabolic, infectious, autoimmune, structural/physiologic CNS disease at minimum.
4	Use of a screening tool for delirium assessment such as the CAM or CAM-ICU						____/5	CG103 Delirium Guidelines: 1.5.1 If indicators of delirium are identified, carry out a clinical assessment based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)—DSM-V? criteria or short Confusion Assessment Method (short CAM) to confirm the diagnosis. In critical care or in the recovery room after surgery, CAM-ICU should be used. A healthcare professional trained and competent in the diagnosis of delirium should carry out the assessment. If there is difficulty distinguishing between the diagnoses of delirium, dementia or delirium superimposed on dementia, treat for delirium first. 1.5.2 Ensure that the diagnosis of delirium is documented both in the person's hospital record and in their primary care health record.
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Guideline Recommendation Being Reviewed		Patient					Number of Patients with Checkmark in row	Explanation
Were nonpharmacologic methods used to prevent and manage delirium?		#1	#2	#3	#4	#5		
1	Made sensory aides such as hearing aids and eyeglasses available						____/5	CG103 Delirium Guidelines: 1.3.3.9 Address sensory impairment by: • resolving any reversible cause of the impairment, such as impacted ear wax, ensuring hearing and visual aids are available to and used by people who need them, and that they are in good working order.
2	Addressed pain						____/5	CG103 Delirium Guidelines: 1.3.3.6 Address pain by: • assessing for pain • looking for non-verbal signs of pain, particularly in those with communication difficulties (for example, people with learning difficulties or dementia, or people on a ventilator or who have a tracheostomy) • optimizing pain management strategies in any person in whom pain is identified or suspected.
3	Ensured orienting materials available, e.g., clocks and calendars						____/5	CG103 Delirium Guidelines: 1.3.3.1 Address cognitive impairment and/or disorientation by:

								• providing appropriate lighting and clear signage; a clock (consider providing a 24-hour clock in critical care) and a calendar should also be easily visible to the person at risk • talking to the person to re-orientate them by explaining where they are, who they are, and what your role is • introducing cognitively stimulating activities (for example, reminiscence) • facilitating regular visits from family and friends.
4	Mobilized by getting patient up and out of bed as early as possible						____/5	CG103 Delirium Guidelines: 1.3.3.5 Address immobility or limited mobility through the following actions: • Encourage patients to mobilize soon after surgery (provide appropriate walking aids if needed – these should be accessible at all times). • Encourage all patients, including those unable to walk, to carry out active range-of-motion exercises.
5	Corrected dehydration and encouraged good nutrition early in hospital course						____/5	CG103 Delirium Guidelines: 1.3.3.2 Address dehydration and/or constipation by: • ensuring adequate fluid intake to prevent dehydration by

								encouraging the person to drink • consider offering subcutaneous or intravenous fluids if necessary • seeking advice if necessary when managing fluid balance in people with comorbidities (for example, heart failure or chronic kidney disease). 1.3.3.8 Address poor nutrition by: • following the advice given on nutrition in Nutrition support in adults (NICE clinical guideline 32) • consult with hospital dietician, if available • if patients have dentures, ensure they fit properly.
6	Attempted to improve sleep with non-drug means if possible (minimized nighttime interruptions, maintained appropriate lighting)						____/5	CG103 Delirium Guidelines: 1.3.3.10 Promote regular sleep patterns and sleep hygiene by: • avoiding nursing or medical procedures during sleeping hours, if possible • scheduling medication rounds to avoid disturbing sleep • reducing noise to a minimum during sleep periods.

Guideline Recommendation Being Reviewed		Patient					Number of Patients with Checkmark in row	Explanation
Were pharmacologic treatments considered to manage agitation of delirium?		#1	#2	#3	#4	#5		
1	Safety considerations were used to screen patients for medical contraindications to medications for agitation						____/5	CG103 Delirium Guidelines: 1.6.5 Use antipsychotic drugs with caution or not at all for people with conditions such as Parkinson's disease or dementia with Lewy bodies
2	Medications use to treat agitation were chosen based on current evidence						____/5	CG103 Delirium Guidelines: 1.6.4 If a person with delirium is distressed or considered a risk to themselves or others and verbal and non-verbal de-escalation techniques are ineffective or inappropriate, consider giving short-term (usually for 1 week or less) haloperidol or olanzapine. Start at the lowest clinically appropriate dose and titrate cautiously according to symptoms.
3	Involuntary medication used when less restrictive interventions were ineffective						____/5	Note: CG103 Delirium does not include guidelines for this item. Clinical judgement and adherence to hospital policy and jurisdictional statute apply.
4	Appropriate monitoring for adverse effects was performed						____/5	Note: CG103 Delirium does not have guidelines for this item. Use physical exam, labs, and other tests, e.g., EKG.
5	Medications were discontinued when no							CG103 Delirium Guidelines: 1.6.4 If a person with

	longer indicated or delirium resolved						____/5	delirium is distressed or considered a risk to themselves or others and verbal and non-verbal de-escalation techniques are ineffective or inappropriate, consider giving short-term (usually for 1 week or less) haloperidol or olanzapine. Start at the lowest clinically appropriate dose and titrate cautiously according to symptoms.
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Guideline Recommendation Being Reviewed		Patient					Number of Patients with Checkmark in row	Explanation
Were pharmacological prevention methods reviewed?		#1	#2	#3	#4	#5		
1	Review home and hospital medications for anticholinergic and sedative-hypnotic drivers of delirium and reduced exposure to them						____/5	CG103 Delirium Guidelines: 1.3.3.7 Carry out a medication review for people taking multiple drugs, taking into account both the type and number of medications.
2	Considered using ramelteon or melatonin to prevent delirium in the elderly						____/5	Not covered by CG103 Delirium. See Hatta, K., et al. (2014). "Preventive effects of ramelteon on delirium: A randomized placebo-controlled trial." JAMA Psychiatry **71**(4): 397-403.
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Delirium: A Guide for Families

What is delirium?

Delirium is confusion that comes on quickly over hours. It may affect one's thinking, attention, and behavior. Delirium is a serious problem that will often get better. Sometimes delirium does not get better. People with delirium are not crazy, and delirium is **not** the same as dementia.

What signs and symptoms may be present?

- Trouble paying attention or concentrating
- Not knowing who or where one is
- A change in behavior:
  - Agitation (hitting or pushing, resisting care, or not cooperating)
  - Restlessness (feeling a need to move around or feeling tense and "stirred up")
  - Lethargy (lack of energy), slowed speech and/or movements
  - Change in sleep (for example, may be more awake at night and asleep during the day)
  - Any other change in behavior or personality that is not normal for your loved one
- A change in perception:
  - Seeing or hearing things that others do not
  - Paranoid beliefs (thinking people are trying to hurt them) and not feeling safe
- A change in mood
  - Anxiety (being very nervous and fearful)
  - Depression (feeling sad or upset)
  - Anger
- Thoughts or words not making sense
- Mumbling or slurred speech

Note: Symptoms may change throughout the day. Your loved one may seem like his or her "normal self" at times.

Risk Factors

These health situations might increase the chance that delirium will happen:

- Being very sick
- Older age
- Dementia
- Dehydration (not having enough water in the body)
- Constipation (trouble pooping)
- Being unable to urinate (pee) or urinating small amounts
- Prior brain disease or damage
- Certain medicines

Adapted with permission from
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University of Iowa Health Care

Treatment of delirium

Treatment involves fixing the medical issues that are causing the delirium and treating any troubling symptoms. Every person is different. Delirium might go away quickly or last for weeks. It might never go away. Let the care team know if you think your loved one has delirium.

Tell the care team:

- When you first saw a change in how your loved one acted or thought
- If something changed just before this new action or thinking started. For example, was a medicine added or taken away? Has there been a change in eating or drinking? Is there a new cough or problem swallowing? Did the patient just stop drinking alcohol? Were any treatments recently stopped or started? Was there a recent surgery or stay in the hospital?
- Any signs of delirium you have noticed (see signs of delirium on page 1)
- Health problems your loved one has
- What medicines does your loved one take? Does the patient use a medicine "as needed"? How many have been taken? (example: pain, anxiety, or sleep medicine)

Help keep your loved one's thinking clear

- Arrange for friends and family to visit. Keep visitors to 1 or 2 people at a time.
- Keep sentences short and simple
- Use a calm voice
- Gently remind the patient where he or she is and what is going on
- Talk about current events and what is going on nearby
- Talk about childhood memories or favorite music
- Read out loud or using large print books
- Bring in a clock, calendar, and pictures from home; write the date on the whiteboard
- Avoid trying to correct false beliefs, perceptions, and unusual behaviors

Support healthy rest, sleep, and physical activity

- Decrease noise and distractions
- Help him or her see sunlight during the day, and keep the room dark at night
- Keep lights low or off when resting
- Help the patient sit in a chair, walk, and move around if it is safe. Please ask the health care team first.

Support healthy eating and drinking

- If swallowing is not a problem and your loved one is hungry or thirsty, help the patient eat and drink. Please ask the health care team first.

Support good hearing and seeing

- Make sure hearing aids are working and are in
- Talk slowly and in a deeper tone of voice in the better ear
- If the patient uses glasses, remind him or her to wear them
- Use good lighting