



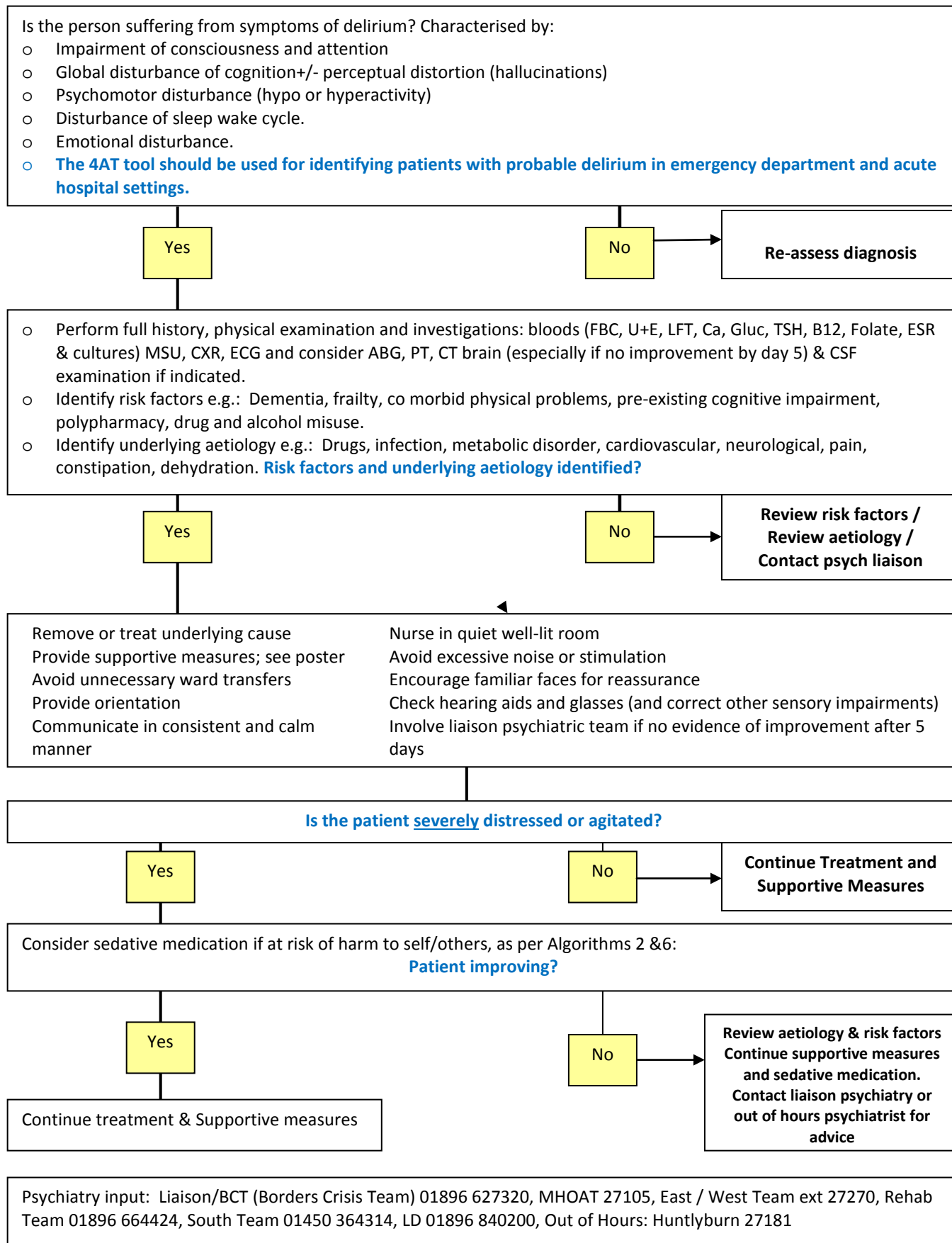
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Prepared by	Scott Murray
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5. Delirium - Acute Confusional State

See also


- Sign Guideline - <https://www.sign.ac.uk/media/1423/sign157.pdf>
- Delirium Toolkit - [http://www.widgetlibrary.knowledge.scot.nhs.uk/media/WidgetFiles/1010435/Delirium%20toolkit%20v3.1%20testing%20sep%20\(web\).pdf](http://www.widgetlibrary.knowledge.scot.nhs.uk/media/WidgetFiles/1010435/Delirium%20toolkit%20v3.1%20testing%20sep%20(web).pdf)




SIGN 157: Risk reduction and management of delirium

Key recommendations


Detecting delirium


R  The 4AT tool should be used for identifying patients with probable delirium in emergency department and acute hospital settings.


✓  Where delirium is detected, the diagnosis of delirium should be clearly documented to aid transfers of care (eg handover notes, referral and discharge letters).


Risk reduction


R The following components should be considered as part of a package of care for patients at risk of developing delirium:


 Orientation and ensuring patients have their glasses and hearing aids


 Promoting sleep hygiene


 Early mobilisation


 Pain control

 Prevention, early identification and treatment of postoperative complications

 Maintaining optimal hydration and nutrition


 Regulation of bladder and bowel function


 Provision of supplementary oxygen, if appropriate.


R  All patients at risk of delirium should have a medication review conducted by an experienced healthcare professional.


Non-pharmacological treatment


R Healthcare professionals should follow established pathways of good care to manage patients with delirium.


 First consider acute, life-threatening causes of delirium, including low oxygen level, low blood pressure, low glucose level, and drug intoxication or withdrawal.


 Systematically identify and treat potential causes (medications, acute illness, etc), noting that multiple causes are common.


 Optimise physiology, management of concurrent conditions, environment (reduce noise), medications, and natural sleep, to promote brain recovery.

 Specifically detect, assess causes of, and treat agitation and/or distress, using non-pharmacological means only, if possible.

 Communicate the diagnosis to patients and carers, encourage involvement of carers, and provide ongoing engagement and support.

 Aim to prevent complications of delirium such as immobility, falls, pressure sores, dehydration, malnourishment, isolation.

 Monitor for recovery and consider specialist referral if not recovering.

 Consider follow up.