



Delirium

Delirium is an acute and fluctuating change in alertness, consciousness and cognition, usually with evidence of an underlying trigger. The Diagnosis requires all four of the following features to be present:

1. A disturbance of consciousness
2. A change in cognition
3. Short time frame/fluctuates
4. There is evidence that the disturbance is caused by the direct physiological consequences of a general medical condition, substance intoxication or substance withdrawal

Delirium can be hyperactive, hypoactive or a mix of the two.

A Helpful way of remembering causes of delirium is the "PINCH ME" mnemonic:

- Pain
- INfection
- Constipation / CVA
- Hypoglycaemia / Hypoxia / Hydration
- Medications (& Withdrawals)
- Environment / Electrolytes



Hyperactive:

- Agitated or Aggressive
- Incoherent speech
- Delusions
- Disorganised thoughts
- Hallucinations

Hypoactive:

- Sluggish
- Withdrawn appearance
- Less reactive
- Sullen
- Drowsy

Risk Factors Include:

- Old Age
- Severe Illness
- Polypharmacy
- Renal Impairment
- Visual or Hearing Impairment
- Surgery



Investigations can Include:

- Basic Observations
- FBC, LFTs, U&Es, CRP, Glucose, Bone profile
- Blood Cultures
- CXR, CT Head
- ECG
- Urine Dip
- Thyroid Function Tests
- Vit B12 and Folate

Management Includes:

- Clocks and Calenders to improve orientation to time
- Avoid unnecessary room/ward transfers to orientate to place
- Hearing aids/glasses if needed
- Sedation can be used if the patient becomes aggressive
- Haloperidol is first-line, with lorazepam being used 2nd line in cases of Parkinson's Disease and LB Dementia