Treat delirium as a medical emergency

Erin Dean

Essential facts
Delirium is among the most common of medical emergencies, according to the national clinical guideline organisation the Scottish Intercollegiate Guidelines Network (SIGN).

Delirium is an acute deterioration in mental functioning arising over hours or days that is triggered mainly by acute medical illness, surgery, trauma or drugs.

Prevalence is around 20% in adult acute general medical patients. It affects up to 50% of those who have hip fractures and up to 75% of those in intensive care. Risk factors include older age, dementia, frailty, the presence of multiple co-morbidities, being male, sensory impairments, a history of depression, a history of delirium and alcohol misuse.

What’s new?
Risk reduction for delirium should be considered throughout a patient’s care, according to new guidance.

The SIGN guideline on reducing risk and managing delirium states the focus should be on non-pharmacological approaches. Patients at risk of delirium should receive a package of care including pain control, early mobilisation, optimal hydration and nutrition, and should keep their glasses and hearing aids with them.

The 4AT tool for delirium should be used to identify patients with probable delirium in emergency department and acute hospital settings. Delirium is often missed in routine clinical care and lack of detection is associated with poor outcomes.

When delirium is diagnosed, established pathways of good care are required. Healthcare professionals should first consider acute, life-threatening causes of delirium, including low oxygen level, low blood pressure, low glucose level and drug intoxication or withdrawal.

Potential causes should be systematically identified and treated, noting that multiple causes are common.

To promote brain recovery, healthcare professionals should optimise physiology, manage concurrent conditions and reduce noise in the environment.

Nurses should specifically detect, assess causes and treat agitation or distress, using non-pharmacological means only if possible.

Erin Dean is a health journalist

Implications for nurses

- Communicate a diagnosis of delirium to patients and carers. Encourage involvement of carers and provide ongoing engagement and support
- All patients at risk of delirium should have their medication reviewed by an experienced healthcare professional
- Aim to prevent complications of delirium such as immobility, falls, pressure ulcers, dehydration, malnourishment and isolation
- Delirium is often multifactorial. Prevention may merge with treatment in non-pharmacological approaches. Risk reduction should be considered throughout the patient’s care
- Monitor for recovery and consider specialist referral if not recovering