

BITESIZED
TEACHING



Delirium

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Delirium

Delirium refers to a acute state of confusion which comes on really suddenly. Delirium is often mistaken for dementia and so understanding the onset is important.



Signs and Symptoms

- Onset over days (rather than months as with Dementia)
- Clouding of consciousness
- Difficulty maintaining or shifting attention
- Disorientation
- Illusions
- Hallucinations
- Fluctuating levels of consciousness
- Symptoms tend to fluctuate over the course of the day, with some improvement in the daytime and maximum disturbance at night. Reversal of the sleep-wake cycle is common



Causes

- An infection anywhere in the body. Urine infections are more commonly found in elderly patients with delirium
- Temporary blockage of blood to the brain (known as a transient ischaemic attack or TIA).
- Hypoglycaemia (low blood sugar)
- Diabetic ketoacidosis, a serious complication of diabetes caused by a lack of insulin in the body
- Certain medications, including digoxin, diuretics, steroids, and opiates
- Alcohol poisoning or alcohol withdrawal
- Drug misuse
- General lack of oxygen in the blood



Ward Based Management

- Physical observations, as well as blood sugar levels
- The doctor to be informed
- Assess and evaluate what the underlying cause of the delirium is
- If the patient becomes distressed, use appropriate de-escalation and redirection techniques to calm the situation
- If the patient continues to be distressed and presents as a risk to themselves or other people then the doctor must be contacted for a medical review and appropriate treatment options
- Ward staff must also consider observation levels, given the fluctuating and unpredictable mental state