Overview of Delrium & the Older Adult

Education for Health Care Professionals

Part 4: Management of Delirium

General Approach to Management

There is no one-size-fits-all strategy to treat delirium, but rather a combination of strategies to best manage the individual causes and symptoms of the disease.

(CCSMH, 2014)

General Approach

- Prevention
- Pharmacological treatments (medications)
- Non-pharmacological treatments

Treat the Causes

- Prevention is far more powerful than treatment. A systems approach is used to review prevention strategies and also forms the basis for documentation and shift to shift change reporting.
- The HANDOVER acronym identifies key strategies to prevent delirium.

H = Hydration

A = Activity & Ambulation

N = Nutrition

D = Drugs

O = Orientation

V = Vision & Hearing

E = Elimination

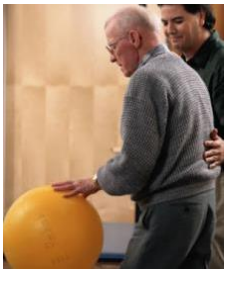
R = Rest & Sleep

Examples are provided on the following slides.

(St. Michaels, n.d.)

HANDOVER

- **Hydration**
  - Encourage or assist to drink
  - Place fluid within reach
  - Assess for signs of dehydration
  - Inform physician if concerned
  - Discuss need for IV



- **Activity & Ambulation**
  - Encourage and assist with early mobilization
  - Reposition frequently / bed exercise for non-ambulatory/bed-rest
  - Avoid restraints
  - Keep environment clear of clutter
  - Consider Physiotherapy consult
  - Consider Recreation Therapy consult

(St. Michaels, n.d.)

HANDOVER

- **Nutrition**
  - Encourage and assist to eat
  - Place food within reach
  - Ensure intake is adequate
  - Consider dietician / speech-language consult

- **Drugs**
  - Review Medical Administration Record
  - Discuss potentially harmful drugs
  - Assess pain level and provide adequate pain control
  - Consider Pharmacy and/or Geriatric consult

(St. Michaels, n.d.)

HANDOVER

- **Orientation**
  - Orient the person to person, place, date
  - Orient to care routine
  - Use calm, gentle, verbal assurance
  - Provide cognitive stimulation & memory cues
  - Encourage family visitation
  - Consider Occupational Therapy, Recreation Therapy and/or Geriatric consult
- **Vision & Hearing**
  - Encourage use of glasses, when needed; clean glasses if necessary
  - Encourage use of hearing aids and amplifiers, when needed
  - Make sure hearing aids are working and turned on
  - Speak in a calm voice and repeat comments, as necessary
  - Make sure room is appropriately lit

(St. Michaels, n.d.)

HANDOVER

Elimination

- Consider bowel and bladder routines
- Screen for urinary retention, constipation, incontinence, and increased frequency
- Minimize use of bedpan / urinal as appropriate
- Discuss the need for catheter and/or catheter removal

- **Rest & Sleep**
  - Encourage a natural sleep cycle
  - Consider rescheduling hospital activities to allow for uninterrupted sleep time at night when appropriate
  - Assess need for quiet times or rest periods throughout the day

(St. Michaels, n.d.)

Non-Pharmacological Strategies

Communication

- Consider the need for language interpreters.
- Use clear and simple communication, avoid medical jargon.
- Avoid confrontation and use distraction to minimize agitation.
- Routinely explain what you are about to do when providing care to avoid confusion.
- Do not directly contradict delusional beliefs, acknowledge distress but do not focus on content.

(CSAH, 2014)

Non-Pharmacological Strategies

Behaviour

- Encourage the presence of a family member/friend to help calm and provide comfort
- Avoid rapid movements / gestures that may be interpreted as aggressive
- Promote meaningful activities to get the person moving and encourage them to take care of themselves. This helps the person stay independent and may boost their self-esteem

(CSAH, 2014)

Non-Pharmacological Strategies

Environment

- Avoid unnecessary room transfers and maintain consistency in staffing.
- Use orientation strategies (e.g. clocks, calendars).
- Provide appropriate lighting to reduce misinterpretations and promote sleep (e.g. nightlight.)
- Provide objects familiar to the older person to reduce disorientation.
- Ensure the environment is safe for the person and others.
- Low stimulation – avoid excess noise.
- Minimize disruptions at bedtime and through the night.

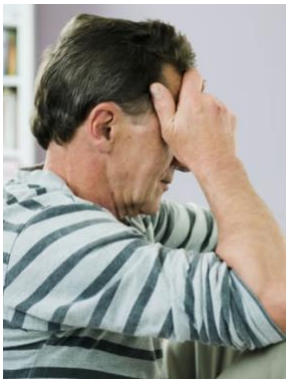
(CCSMH, 2014)

Pharmacological Approach

- Review all medications - minimize use where possible.
- Avoid chemical restraints if possible.
- Use sedation only if person is severely agitated and restless, and there is imminent risk.
- Review the amount of sedation provided over 24hours.
- Avoid prn use of medication if possible.
- Decrease the potential for side effects / drug interactions:
  - start with a low dose
  - choose a drug with low anticholinergic activity
  - try to stop the medication as soon as possible and focus on correcting the underlying cause for the delirium.

(Puxty 2009)

Antipsychotics Commonly Used



Antipsychotics are used most often to manage the symptoms of delirium. Common antipsychotics include:

- Haloperidol
- Risperidone
- Olanzapine
- Quetiapine
- Unfortunately, the doses of psychotropics used during an acute delirium are often excessive. Continuing them too long beyond the desired treatment period, can lead to depressed sensorium and delays recovery from the delirium.

Note: Benzodiazepines can exacerbate delirium. Their use should be reserved for older persons with delirium caused by withdrawal from alcohol / sedative-hypnotics.

(CCSMH, 2014)

The Health Care Team

Treating delirium needs to be a team approach. Remember to:

- work collaboratively with your colleagues
- share any changes in the person's level of communication, cognition and function
- participate in education about delirium and collaborative care planning with other care providers
- as much as possible, provide consistency in routine and personnel to reduce demand on person's memory
- include family members where appropriate
  - provide the older person and family with ongoing information about delirium
  - encourage, support and facilitate family presence as appropriate

Lesson 4 Summary

- ☑ Delirium is a common and serious condition encountered in older persons. It is a medical emergency that needs to be identified and managed quickly.
- ☑ Delirium can often be prevented. Awareness of its potentially modifiable risk factors is key to prevention.
- ☑ Delirium is often not recognized or is misdiagnosed as dementia. Systematic screening and / or prompt assessment of suggestive symptoms in populations at risk could increase the rate of detection and the timely management of delirious older persons.
- ☑ Delirium can often be reversed with proper assessment and treatment.
- ☑ An interdisciplinary approach is required for the effective management of an older delirious person.