Welcome to the fourth issue of HEAR for 2017. The purpose of HEAR is to provide specialised information to health professionals, patients and the public about key health topics. Each issue is the result of the collaborative effort of librarians from health organisations across Ireland.

This month, the focus is on Delirium. What is delirium? Delirium is a brain disorder that causes people to be confused. People with delirium often have:

- Trouble paying attention, or switching attention from one thing to another
- Memory, language, or other thinking problems
- Trouble knowing where they are, when it is, or who the people around them are

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Delirium can cause hyperactivity, but sometimes it causes hypoactive behaviour (extreme drowsiness, lethargy). It is harder to detect the hypoactive type.

Delirium happens more often in people who: Are in hospital; just had surgery or are in pain; are older, have a lot of medical problems, or take a lot of medicines or have another brain disorder, such as dementia. UpToDate, “The Basics”}

FAST FACTS on DELIRIUM

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- Delirium happens more often in people who: Are in hospital; just had surgery or are in pain; are older, have a lot of medical problems, or take a lot of medicines or have another brain disorder, such as dementia. UpToDate, “The Basics”
Would you recognise delirium in your patient? Try this quiz from Southwestern Aging Geriatrics Education (SAGE) “The Confused Patient”

Guidelines & Standards

Delirium in adults NICE quality standard [QS63] Published date: July 2014.
Delirium: prevention, diagnosis and management NICE guidelines [CG103] Published date: July 2010.
Delirium Scottish Palliative Care Guidelines. Published date: 2014.

Thinking Delirium in Herts and Beds Critical Care Units Shared Learning Database.

Screening for delirium within the Emergency Department BestBETS. 2017.

Raising Awareness

Is he more confused than normal? Dementia Together Northern Ireland

On My Mind: Dementia and Delirium Documentary
Australian Commission on Safety and Quality in Healthcare.
Reversible causes of delirium are outlined by the following acronym (DELIRIUM):

D  Drugs, including any new medications, increased dosages, drug interactions, over-the-counter drugs, alcohol, etc.
E  Electrolyte disturbances, especially dehydration, and thyroid problems
L  Lack of drugs, such as when long-term sedatives (including alcohol and sleeping pills) are stopped, or when pain drugs are not being given adequately
I  Infection, commonly urinary or respiratory tract infection
R  Reduced sensory input, which happens when vision or hearing are poor
I  Intracranial (referring to processes within the skull) such as a brain infection, hemorrhage, stroke, or tumor (rare)
U  Urinary problems or intestinal problems, such as inability to urinate or constipation
M  Myocardial (heart) and lungs, eg heart attack, problems with heart rhythm (arrhythmia), worsening of heart failure or chronic obstructive lung disease.

From: Health in Aging

Research from Ireland

⇒ The descriptive epidemiology of delirium symptoms in a large population-based cohort study: results from the Medical Research Council Cognitive Function and Ageing Study (MRC CFAS)
⇒ An evaluation of nursing practices regarding delirium assessments in adult critical care units in Western seaboard region of Ireland.
⇒ Improving the care of patients with dementia & delirium through education
⇒ Association of Delirium With Cognitive Decline in Late Life: A Neuropathologic Study of 3 Population-Based Cohort Studies.
⇒ Sleep-wake cycle disturbances in elderly acute general medical inpatients: Longitudinal relationship to delirium and dementia.

Delirium Toolkits

Distinguishing Characteristics of Delirium, Dementia and Depression STINGUISHING (HSE)
The Language of Delirium: Keywords for Identifying Delirium from Medical Records
4AT: Rapid Assessment Test for Delirium.
British Geriatrics Society information on delirium
Diagnostic Accuracy of a Rapid Checklist to Identify Delirium in Older Patients Transported by EMS
Delirium Prevention Virtual Learning Session, February 24, 2016.
Delirium in adults NICE quality standard [QS63] Ohio/Minnesota Collaborative. Published date: July 2014. Tools & Resources.
Early identification and initial management of delirium in the Emergency Department / Acute Medical Assessment Unit.
Delirium toolkit Health Improvement Scotland: Improving the care for older people.
Did you know...

#1 It's the most common complication of hospitalization among people ages 65 and over: 20% of those admitted to hospitals, up to 60% of those who have certain surgeries, and almost 80% of those treated in ICUs develop delirium. Harvard Health.

#2 Despite its prevalence in palliative care, delirium is underdiagnosed, especially hypoactive delirium. CareSearch, Australia.

#3 Do you know the Causes, Symptoms or Risk Factors for Delirium? Mayo Clinic.

Latest Evidence

Please contact your local health librarian if you have any difficulty accessing any of the following articles.


Delirium Tremens:


Patient Information

Delirium. Alzheimer’s Society Ireland.
Delirium. Royal College of Psychiatrists
Delirium. patient.co.uk
Delirium. Mental Health Ireland
What is delirium? A guide for patients, families and professionals. Chesterfield Royal Hospital.
What to ask. Delirium resources. Health in Aging.
What is delirium? A website for patients and their families on from Vanderbilt University
Delirium. Medline Plus
Delirium—patient version. PDQ Supportive and Palliative Care
Delirium and confusion: managing delirium. Marie Curie Foundation
Interventions to prevent delirium in hospitalised patients, not including those on intensive care units. Cochrane Database of Systematic Reviews: Plain Language Summaries (2016)

Easy Reads

What is delirium? (Easy read version)
Further details HERE

What is Delirium? A guide for patients, families and professionals
Further details HERE
Books on Delirium

Delirium, 2nd edition by Dr Winnie Manning, Professor Alasdair MacLullich, Associate Professor Meera Agar, Juliet Kelly. Delirium Dementia Services Development centre and Hammond Care. 2012. [Further details here]

Delirium in Old Age by James Lindesay, Oxford University Press. 2002. [Further details here]

Information leaflets

Health Improvement Scotland: Think delirium. You may find this leaflet helpful if:
- you have experienced delirium.
- you know someone with delirium.
- you are looking after someone with delirium [Click HERE]

HSC (2017) Delirium - Information for patients and relatives. [Click HERE]
In the News

'Delirium’ caused by busy hospitals can trigger dementia in older patients. The Telegraph: Science.

"As hospital intensive care units grapple with the problem of noise pollution from medical device alarms, a research team at Vanderbilt University Medical Center has devised a solution to shield patients’ ears from the oppressive sounds and to create a care environment that is more conducive to healing."

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**Think Delirium**

Delirium is a medical emergency • It can be prevented and is treatable

**Is your patient more confused than normal?**

**Early intervention is key to prevention**

At risk patients include those:
- who are over 65;
- with existing cognitive decline;
- who are acutely ill;
- with a fractured neck of femur.

Single Question to identify Delirium (SQID):

Are they more confused than normal?

**Screen for increased risk factors**

D Dehydration
E Eyes and ears
L Limited mobility
I Infection
R Reduce pain
I Impaired cognition
U Up at night
M Medication

**Prevention and management**

1. Treat the cause of delirium.
2. Avoid transfers.
3. Reorientate to current place and time.
4. Pain management.
5. Adequate fluids.
6. Use of eyeglasses and hearing aids, if applicable.
7. Familiar objects and stimulating activities.
8. Reduce noise and avoid sleep interruptions when possible.
9. Address mobility.
10. Engage with family and carers

**Assessment and review**

- Review level of confusion on admission
- Daily observation for at risk patients
- Use 4AT rapid assessment test for delirium to diagnose delirium in more confused patients
- Clinical assessments to identify source of delirium

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Delirium: what can I do?
Your loved one’s healthcare provider and healthcare team will try to identify the cause of the delirium and treat it, if possible. You may be told to do the following:
- Provide safe and familiar surroundings. Keep your loved one’s room clean and well-lit. Have familiar objects nearby, like a favorite blanket and family photos. Add a clock next to the bed and a calendar on the wall to help your loved one keep track of time.
- Limit contact with strangers. Try to make sure that your loved one receives care from the same healthcare providers or caregivers. Keep visitors restricted to family members or close friends to reduce confusion.
- Maintain a regular day and night schedule. During the day, open blinds and windows or keep the lights on to encourage your loved one to stay awake and alert. During the night, dim the lights and keep noise levels low to encourage sleep.
- Expect sudden changes in behavior. There may be times when your loved one is normal and alert. But other times he or she is not fully present. Your loved one may forget who you are. He or she may also imagine things or speak to people who aren’t there. Try to stay calm during these episodes. It may help to provide a gentle touch or reassuring words. Or you may choose not to speak and simply listen.
- Use positive language. Try not to raise your voice or argue with your loved one. Keep conversations simple. If your loved one is confused, state simply and calmly where he or she is and what is going on.
- Minimize the use of restraints and encourage movement as soon as possible. These can make a person more anxious, afraid, or angry and increase confusion. If needed, arrange for a 24-hour caregiver or nurse, so your loved one is never left alone. Or take turns sitting next to the person’s bedside with other family members and friends.
- Alert the healthcare provider if your loved one’s delirium worsens. If needed, medicine can be prescribed to help your loved one sleep or stay calm.

Please contact your hospital or healthcare librarian if you have any difficulty accessing the full text for articles included in this issue.

“Healthcare Librarians—making evidence evident”

YouTube and other videos

"How to recognize delirium" University of Rochester Medical
Delirium - causes, symptoms, diagnosis, treatment & pathology. Osmosis.org
Delirium Awareness Video (#icanpreventdelirium) | CreativeConnection
Understanding Delirium. Dept. of Veterans’ Affairs (US).
"How to try this" Confusion Assessment Method (CAM) and Assessing and Managing Delirium in Older Adults with Dementia. Video from the American Journal of Nursing.

Delirium in Palliative Care:

Our Lady’s Hospice and Care Services (2017): The Use of Antipsychotics in the Management of Delirium in Palliative Care
NHS Scotland (2013) Scottish Palliative Care Guidelines

Social Media

Follow on Twitter:
@EDA_delirium
@opachis OPAC Improvement

Blog:

Terri Paddock “What I learned today: How to care for someone with delirium”