

# Delirium

## Clinical Care Standard

### What is delirium?

Delirium is a change in mental status that can be triggered by illness, surgery, injuries or adverse effects of medicines. Some people are more likely at risk of delirium than others. People with delirium experience disturbances in consciousness, attention, thinking and perception. These changes develop over a short period of time (usually hours to a few days). Patients with delirium may be agitated and restless or quiet and withdrawn. As well as being distressing for the person experiencing it, delirium is a serious health condition.

### What is the Delirium Clinical Care Standard?

The aim of the *Delirium Clinical Care Standard* is to improve the prevention of delirium in patients at risk and the early diagnosis and treatment of patients with delirium, so that the incidence, severity and duration of delirium are reduced.

The *Delirium Clinical Care Standard* contains eight quality statements describing the care that adult patients (18 years and older) with suspected delirium – or are at risk of developing delirium – should receive.

This guide explains each quality statement and what it means for you.

For more information or to read the full clinical care standard visit: [safetyandquality.gov.au/delirium-ccs](https://safetyandquality.gov.au/delirium-ccs).

### 1 Early identification of risk



#### What the standard says

A patient with any key risk factor for delirium is identified on presentation and a validated tool is used to screen for cognitive impairment, or obtain a current score if they have known cognitive impairment. Before any planned admission, the risk of delirium is assessed and discussed with the patient, to enable an informed decision about the benefits and risks.

#### What this means for you

When you come to hospital or are planning admission for a procedure or other treatment, your clinician will check if you have any of the risk factors for delirium. If so, you will be offered a short screening tool to see if you have problems with:

- Your memory
- Putting your thoughts together
- Communicating with others.

In the screening tool, a clinician will ask you a series of questions. If you have any difficulties with these questions, you may be at risk of delirium. You and your carer or family will also be asked about any recent changes in your behaviour.

If you are planning surgery or a procedure and you are at risk of delirium, you will be advised about the risk and what this means for you. This can help you to make a decision about having the surgery or a procedure, especially if it is not essential.

## 2 Interventions to prevent delirium

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### What the standard says

A patient at risk of delirium is offered a set of interventions to prevent delirium and is regularly monitored for changes in behaviour, cognition and physical condition. Appropriate interventions are determined before a planned admission or on admission to hospital, in discussion with the patient and their family or carer.

### What this means for you

If you are at risk of developing delirium, your clinicians will offer care to prevent it from happening. They may do things such as checking and changing your medicines, giving you more fluids or helping you stay as mobile as possible. Your family or carers will be encouraged to be involved in your care and will be given information about delirium and how to prevent it. You will also receive regular checks on your physical condition, thinking and memory (cognition). Cognition is the ability to put your thoughts together and communicate them.

## 3 Patient-centred information and support

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### What the standard says

A patient at risk of delirium and their family or carer are encouraged to be active participants in care. If a patient is at significant risk or has delirium, they and their family or carer are provided with information about delirium and its prevention in a way that they can understand. When delirium occurs, they receive support to cope with the experience and its effects.

### What this means for you

If you are at risk of delirium, you and your family or carer will be given information and advice about delirium and how it can be prevented. You should be given this information in a way that you can understand it, whether it is written information or someone talking to you. Being prepared and acting early can help to reduce the effects of delirium. You and your family or carer will be encouraged to alert your healthcare team of any changes in your behaviour, thinking or physical condition. The health service organisation will have systems in place to take action if your health worsens. It is important that you and your family or carer know what to expect, what you can do if this happens and how to ask for help.

Your family or carer can provide valuable information to the clinicians caring for you and should be involved in your care if you wish them to be. An interpreter can be used for these conversations if required. If you develop delirium, the plan for your care will be discussed with you and your family or carer, and informed consent will be sought for any treatment you receive. The aim of your care will be to reduce your symptoms and any distress experienced with delirium.

People with delirium may:

- Appear confused and forgetful
- Be unable to pay attention
- Be different from their normal selves
- Be very agitated, quiet and withdrawn, sleepy, or a combination of these
- Have rapid and unpredictable mood changes
- Be unsure of the time of day or where they are
- Have changes to their sleeping habits, such as staying awake at night and being drowsy during the daytime
- Feel fearful, distressed, upset, irritable, angry or sad
- Have hallucinations and see frightening things that are not there but seem very real to them
- Lose control of their bladder or bowels
- Have delusions or become paranoid, and strongly believe things that are not true – for example, they may believe that someone is trying to physically harm them or has poisoned their food.

These symptoms fluctuate during the day, and may worsen in the evening or night.

Family members or carers can support you because they are familiar to you. They can:

- Reassure you
- Remind you about eating and drinking
- Bring in familiar objects
- Help the healthcare team to get to know you and understand what you are normally like.

## 4 Assessing and diagnosing delirium

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### What the standard says

A patient with cognitive impairment on presentation to hospital, or who has an acute change in behaviour or cognitive function during a hospital stay, is promptly assessed using a validated tool by a clinician trained to assess delirium. The patient and their family or carer are asked about any recent changes in the patient's behaviour or thinking.

A diagnosis of delirium is determined and documented by a clinician working within their scope of practice.

### What this means for you

If you are in hospital and your symptoms suggest that you may have delirium, a clinician will assess you to see if you have delirium. They may ask if you or your family or carer have noticed any recent changes in your thinking or behaviour, such as being confused or agitated, or quieter, sleepier or less communicative than usual. If a family member or carer notices any sudden change in your mental or physical condition, it is important for them to alert a clinician. The clinician will discuss your diagnosis with you and your family or carer, and write down your diagnosis of delirium in your healthcare record. This will help other clinicians to care for you.

## **5** Identifying and treating underlying causes



### **What the standard says**

A patient with delirium is offered a set of interventions to treat the causes of delirium, based on a comprehensive assessment that includes relevant multidisciplinary consultation.

### **What this means for you**

If you are diagnosed with delirium, a clinician will carry out a medical check to identify what is causing the delirium and how best to treat it. You and your family or carer will be consulted as part of the assessment. This may include a physical examination, tests (such as blood or urine tests, chest X-ray), a check of the medicines you are taking and any recent changes to them, and checking whether you are in pain. You will receive treatments for anything that may be causing your delirium. For example, your medicines may be changed, you may be given more fluids or you may be given antibiotics if you have an infection.

## **6** Preventing complications of care

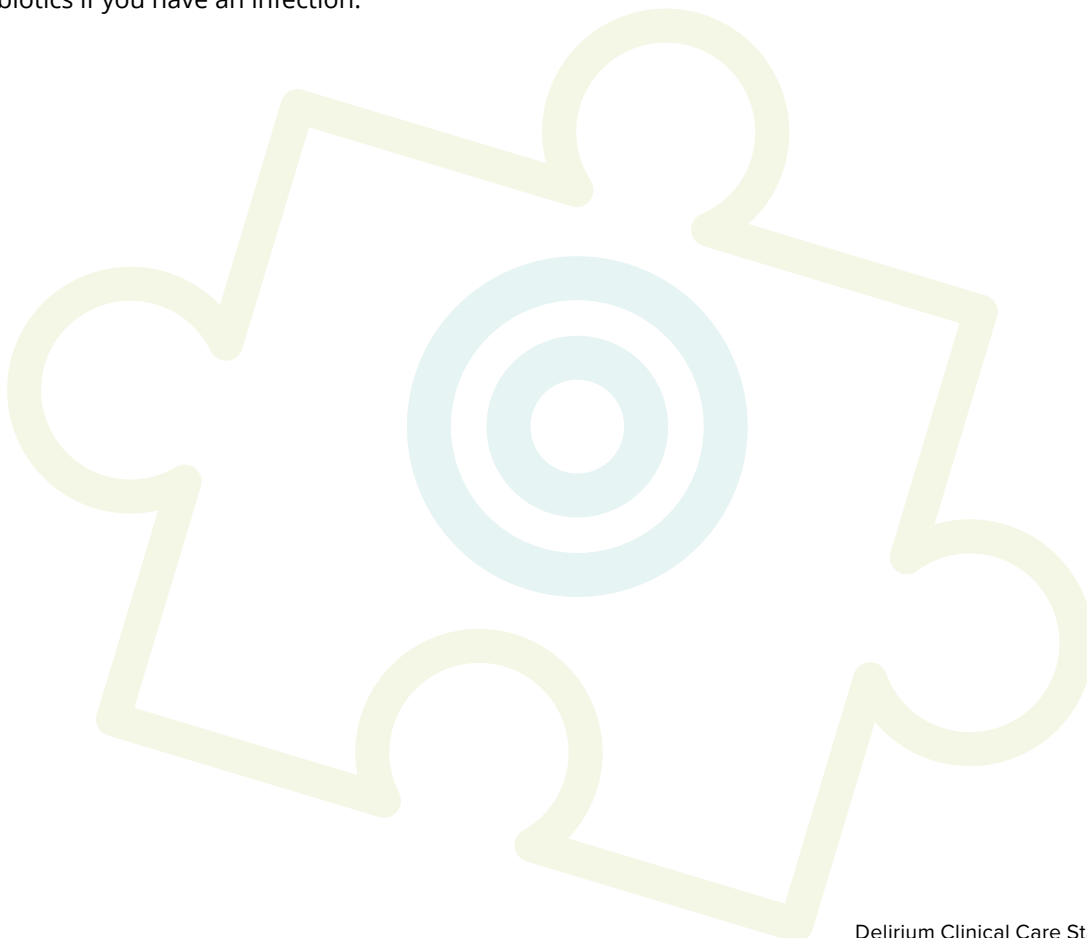


### **What the standard says**

A patient with delirium receives care to prevent functional decline, dehydration, malnutrition, falls and pressure injuries, based on their risk.

### **What this means for you**

If you have delirium, your care will include a plan to keep your physical health from getting worse while you are in hospital or another health service organisation. The plan includes ways to prevent falls and having an injury from a fall, such as wearing safe footwear or hip protectors, and care to prevent pressure injuries. You will be offered a nutritious diet to prevent malnutrition and dehydration. You will be encouraged to keep mobile. Your family or carers are encouraged to be involved in your care.



## 7 Avoiding use of antipsychotic medicines



### What the standard says

Antipsychotic medicines are not recommended to treat delirium. Behavioural and psychological symptoms in a patient with delirium are managed using non-drug strategies.

### What this means for you

If you have delirium and you are distressed, your healthcare team will investigate what is causing your distress and reassure you, and address anything that is disturbing you, such as pain, discomfort or noise. Your family or carers will be encouraged to be involved in your care.

Antipsychotic medicines (such as the active ingredients quetiapine, olanzapine and risperidone) are not usually recommended, because they do not help to treat the underlying cause of delirium and their side effects can result in serious harm. They may be considered if you are likely to harm yourself or others, and it is not possible to reduce your distress in other ways. In this case, a clinician may discuss using an antipsychotic medicine at a low dose for a short time. A single dose may be enough. When an antipsychotic medicine is being considered for this reason, your clinician will discuss with you and your family or carer the choice of antipsychotic medicine, its side effects and benefits, dose, and how long you need to take it for.

Use of devices that restrict movement is avoided whenever possible.

## 8 Transition from hospital care



### What the standard says

Before a patient with persistent or resolved delirium leaves hospital, an individualised comprehensive care plan is developed collaboratively with the patient and their family or carer. The plan describes the patient's post-discharge care needs and includes strategies to help reduce the risk of delirium and related complications, a summary of changes in medicines and any other ongoing treatment. This plan is provided to the patient and their family or carer before discharge, and to their general practitioner and other regular clinicians within 48 hours of discharge.

### What this means for you

Before you leave hospital, a clinician will talk with you and your family or carer about your episode of delirium and the ongoing care you will need when you leave hospital. They will help develop a plan with you and your family or carer in a format that you understand. The plan sets out your goals of care and any extra care you need to stay well and avoid complications from delirium. This may include eating a nutritious diet and drinking enough water. The plan will describe ongoing treatments such as the medicines you need to take and if any medicines have been stopped or changed. It will also include any community support services you have been referred to. You will be given a copy of this plan before you leave hospital. Your general practitioner and other regular clinicians should receive a copy within two days of you leaving hospital.

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.