# Management of delirium

- The prevention, identification and management of delirium is a very major part of critical care. Delirium effects around 30% of our patients at some time in their stay.
- The residual effects of sedatives and analgesics play a part in this.
- 5 Slides is not enough to cover this issue but the actions can be summarised as-1. Try to keep the patient orientated and allow them to sleep at night. 2. Screen the patients for delirium to identify hypoactive delirium. 3. Support the patients who become delirious, normally by trying to keep them comfortable and addressing the causes. 4. Medications are only used to manage hyperactive patients who are at risk from removing lines or injuring themselves

# Keeping patient orientated.

Introduce yourself and think of things to keep your patient orientated

I've been unconscious for I

HELP!

Keeping patients orientated in critical care is a challenge- we can help by introducing ourselves using this six part introduction:

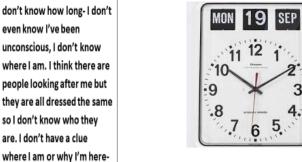




- 2. I am a (Role):
- 3. It's (Day, Date and Time):
- 4. You're in (Hospital, unit):
- 5. Because:
- 6. Do you have any questions?













# Screen the patient for delirium.

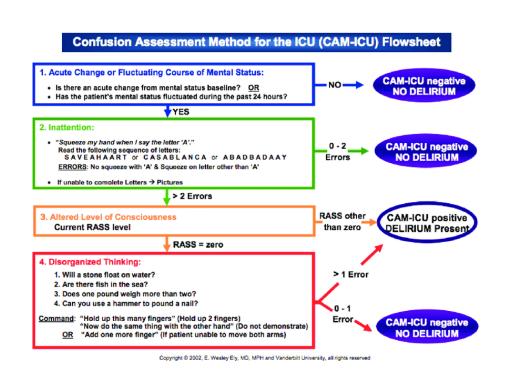
Many patients have hypoactive delirium. This is not obvious unless we look for it and in our unit we use the CAM-ICU method. This is explained in a four minute video on our website which explains the step wise process shown to your right of this side. The information is recorded in the EPR document "CAM-ICU" which actually leads you through the process. This should be done each shift.

Assessment of a patient with Subarachnoid haemorrhage and new SAH charts



How to do the CAM-ICU test

https://salfordcriticalcare.org/videos-of-practical-procedures/



### Summary of actions on finding that a patient may be developing delirium

Delirium screen (e.g. CAM-ICU) positive or suspect developing confusion CaECUM-Causes, Environment, Communicate, Unexpected, Medications Medications **Environment** Plan for Causes Communicate Unexpected External: With Patient Medications Deterioration Calm and quiet History, examination (See full management (s.e.m.i.n.a.r) and investigations. that may cause Family guide) Named nurses delirium Common causes: S- Staffing Familiar With Relatives Infections: E- Environment objects/ photos (See full management Drug/Alcohol Medications to M-Medications guide) withdrawal; treat delirium Perception: I- intubation and Medications: Glasses, hearing (start low, go ventilation Underlying diseases; aids, remove ear Surgical Other ICU staff N- Not needed slow) complications; wax Document medical devices Dementia Handover A-Are all other Medication M.I. Internal steps in CaECUM withdrawals Treat-Pain, followed More information Alcohol constipation, **R-Relatives** Other Staff and list of Opiates biochemistry, Investigations Referring team Benzodiazepines See full management Nicotine Remove un-needed More information Ward staff guide Antidepressants See full management medical devices GP See full management Guide Give False teeth Guide

Full management guide can be found at: http://gmccn.org.uk/delirium

### Further information

- There is an excellent e-Learning module on delirium
- https://salfordcriticalcare.org/delirium-traininghow-to-access-the-e-learning/
- There is a full management guide
- https://salfordcriticalcare.org/delirium-protocol/
- And there is information for relatives that can be found at
- https://salfordcriticalcare.org/my-relative-seemsconfused/
- Even with all of this information Delirium is an upsetting condition for patients, relatives and staff.