



Delirium is a sudden disturbance in the ability to think clearly and pay attention. It is common among older people at the time of a hospital admission or can develop during a hospital stay. Delirium is a serious condition and requires urgent medical attention.

Common symptoms of delirium include a sudden onset of confusion and an inability to focus attention. People with delirium may be either very agitated or quiet and drowsy.

This Clinical Care Standard tells you what care may be offered if you have any signs or symptoms of delirium. You and your carer can use this information to make informed treatment decisions in partnership with your doctor.

UNDER THIS CLINICAL CARE STANDARD



Early screening

A patient presenting to hospital with one or more key risk factors for delirium receives cognitive screening using a validated test. In addition, the patient and their carer are asked about any recent changes (within hours or days) in the patient's behaviour or thinking.

What this means for you

- After arriving at hospital, if you are at risk of getting delirium, you are offered a short test to see if you have problems with your memory, in putting your thoughts together, and in communicating with others. In the test, a doctor, nurse or other clinician asks you a series of questions.
- You and your carer are also asked about any recent changes in your behaviour.



Assessing for delirium

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 for delirium by a clinician trained and competent in delirium diagnosis and in the use of a validated diagnostic tool. The patient and their carer are asked about any recent changes in the patient's behaviour or thinking. The patient's diagnosis is discussed with them and is documented.

What this means for you

- If you are in hospital and your symptoms suggest that you may have delirium, a doctor, nurse or other qualified clinician carries out an assessment to confirm if you have delirium.
- Part of the assessment includes asking if you or your carer have noticed any recent changes in your thinking or behaviour, such as being confused, agitated, quieter, sleepier, or less communicative than usual.
- The doctor or nurse discusses your diagnosis with you and your carer, and documents your diagnosis in your health record.



Interventions to prevent delirium

A patient at risk of delirium is offered a set of interventions to prevent delirium and regular monitoring for changes in behaviour, cognition and physical condition.

What this means for you

- If you are at risk of developing delirium, a doctor, nurse or other clinician offers care to reduce your risk. Care may include a combination of measures, such as reviewing your medicines, giving you more fluids, or helping you stay as mobile as possible.
- Your family and carers are encouraged to be involved in your care and are provided with information about delirium and how to prevent it. You also receive regular checks on your physical condition and cognition (ability to put thoughts together and to communicate).



Identifying and treating underlying causes

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

What this means for you

- If you are diagnosed with delirium, in consultation with you and your carer, a doctor or nurse carries out a medical check to identify what is causing the delirium and how best to treat it.
- You receive a physical examination and tests (e.g. blood test, urine test, chest X-ray), and also a check of the medicines you are taking and any recent changes to them, and a check on whether you are in pain.
- You receive treatments based on the causes identified (e.g. a change to your medicines, more fluids, a course of antibiotics if you have an infection).



Preventing falls and pressure injuries

A patient with delirium receives care based on their risk of falls and pressure injuries.

What this means for you

- If you have delirium, you are offered care to reduce your risk of falling over and having an injury from a fall, and care to reduce your risk of developing a pressure sore.
- Your family and carers are encouraged to be involved in your care.



Minimising use of antipsychotic medicines

Treatment with an antipsychotic medicine is only considered if a patient with delirium is distressed and the cause of their distress cannot be addressed and non-drug strategies have failed to ease their symptoms.

What this means for you

- If you have delirium and you are distressed, you receive emotional support, noise is minimised (if possible), and the cause of your distress is investigated.
- Your family and carers are encouraged to be involved in your care.
- If you remain distressed, a doctor or nurse discusses with you and your carer if an antipsychotic medicine at a low dose for a short time may help ease your symptoms. They also discuss with you the choice of antipsychotic medicine, its side effects and benefits, dose, and how long you need to take it for.
- Use of materials or equipment that restrict movement is avoided if possible.



Transition from hospital care

Before a patient with current or resolved delirium leaves hospital, the patient and their carer are involved in the development of an individualised care plan and are provided with information about delirium. The plan is developed collaboratively with the patient's general practitioner and describes the ongoing care that the patient will require after they leave hospital. It includes a summary of any changes in medicines, strategies to help reduce the risk of delirium and prevent complications from it, and any other ongoing treatments. This plan is provided to the patient and their carer before discharge, and to their general practitioner and other ongoing clinical providers within 48 hours of discharge.

What this means for you

- Before you leave hospital, a doctor, nurse or other clinician discusses with you and your carer your episode of delirium and the ongoing care you will need when you leave hospital. They provide you with information about delirium and help develop a plan with you and your carer in a format that you understand.
- The plan sets out your goals of care and ways that you can reduce your risk of delirium and prevent complications from it, such as eating a nutritious diet and drinking enough water. It describes the ongoing treatments you may need, such as medicines you need to take and why some medicines may have stopped. It also includes community support services you are referred to.
- You get a copy of this plan before you leave hospital. Your general practitioner and other ongoing clinical providers get a copy within two days of you leaving hospital.

WHERE DO I GO FOR MORE INFORMATION?

About the Clinical Care Standards program

This Consumer Fact Sheet for the Delirium Clinical Care Standard was developed by the Australian Commission on Safety and Quality in Health Care (the Commission). More information on the Clinical Care Standards program is available from the Commission's website at www.safetyandquality.gov.au/ccs.

About delirium, dementia and support services

Delirium patient information brochure

Provides information for patients and carers on who are at risk of delirium, causes, treatments and how carers can help someone with delirium. Available from the Department of Health website:

<http://www.health.gov.au/internet/publications/publishing.nsf/Content/delirium-care-pathways-toc~delirium-care-pathways-patb>

A better way to care: safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital – Actions for consumers

Provides information for patients and carers on what they can do to improve the care for a patient who has cognitive impairment during a hospital stay. Available from:

www.safetyandquality.gov.au/our-work/cognitive-impairment/cognitive-impairment-resources

Alzheimer's Australia

Provides support, information and help sheets for people with Alzheimer's disease and their carers. Includes *Going to hospital* help sheet with practical tips for carers of patients with dementia who are going to hospital. Available from <https://fightdementia.org.au/>

Carers Australia

Provides support and information for people who provide unpaid care to family members and friends, such as carers of patients with dementia. Information on carer supports and services is available by calling **1800 242 636**. More information is available from:

<http://www.carersaustralia.com.au/>

Start2talk

A website that explains how you can document your choices for future medical treatment and how you can help someone else plan ahead for the future so their choices can be known and acted on. Available from:

www.start2talk.org.au

My Aged Care

A website and telephone service that provides information on aged care services.

Phone **1800 200 422** or visit www.myagedcare.gov.au

Disclaimer

The Australian Commission on Safety and Quality in Health Care has developed this resource to inform you of the care that may be offered if you have a certain medical condition. The information is intended as a guide to inform your discussions with your healthcare professional about the care that is appropriate for your individual condition. It is not intended as a substitute for medical advice. Links to external websites do not constitute endorsement of material on those websites.