Suggested citation

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Members of the Delirium Clinical Care Standard Topic Working Group include Dr Glenn Arendts, Associate Professor Simon Bell, Associate Professor Ravi Bhat, Professor John Botha, Associate Professor Gideon Caplan, Dr Judy McCrow, Associate Professor Laurie Grealish, Ms Jacinta George, Ms Joan Jackman, Associate Professor Dina LoGiudice, Ms Anne Moehead, Ms Joy Pettingell, Dr Judith Silberberg and Associate Professor Brendan Silbert.

Disclaimer
The Australian Commission on Safety and Quality in Health Care has produced this Evidence Sources document to support the corresponding Clinical Care Standard. The Clinical Care Standard supports the delivery of appropriate care for a defined clinical condition and 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.
Evidence Sources
Delirium Clinical Care Standard

The quality statements for the Delirium Clinical Care Standard were developed in collaboration with the Delirium Clinical Care Standard Topic Working Group and are based on best available evidence at the time of development.

Literature searches are conducted by Commission staff at different stages of development of a Clinical Care Standard. The initial search for this Clinical Care Standard took place between June 2014 and August 2014. A draft evidence summary was prepared which was reviewed for completeness by the Delirium Clinical Care Standard Topic Working Group. Subsequent searches are conducted as the Clinical Care Standard is developed.

The search was aimed at reviewing the evidence-base for each potential quality statement. As set out below, several steps were involved. The first step was to locate national clinical practice guidelines; if relevant, current, based on available evidence developed using systematic methods and endorsed by organisations, they would be the key sources of evidence. The second step was to locate other Australian guidelines, standards, policies, protocols, and international guidelines and standards. The third step was to identify high-level evidence published after the release of the national clinical practice guidelines.

Australian clinical practice guidelines, standards and policies were identified by searching:

- the clinical practice guideline portal of the National Health and Medical Research Council (NHMRC)
- websites of professional colleges and organisations
- websites of state and territory health departments and agencies
- internet search using various search engines.

International clinical practice guidelines were identified by searching:

- guideline clearing houses such as the Agency for Healthcare Research and Quality (AHRQ), and Guidelines International Network (GIN)
- websites of guideline developers, such as the UK’s National Institute for Health and Care Excellence (NICE), Scottish Intercollegiate Guideline Network (SIGN).

Other high-level evidence was identified by searching:

- the Cochrane Collaboration for systematic literature reviews and meta analyses
- medical literature databases (Medline, Embase) for systematic reviews and meta-analyses.

A summary of evidence sources for each draft quality statement is attached.
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.

**EVIDENCE SOURCES**

### Australian Guidelines


### International Guidelines


### Additional Sources

### Quality Statement 2

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.

### EVIDENCE SOURCES

#### Australian Guidelines


#### International Guidelines


#### Additional Sources

<table>
<thead>
<tr>
<th>Quality Statement 3</th>
<th>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.</th>
</tr>
</thead>
</table>

**EVIDENCE SOURCES**

**Australian Guidelines**


**International Guidelines**


**Additional Sources**

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

### EVIDENCE SOURCES

#### Australian Guidelines

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

### EVIDENCE SOURCES

#### Australian Guidelines


#### International Guidelines


#### Additional Sources

Quality Statement 6

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.

### EVIDENCE SOURCES

**Australian Guidelines**


### International Guidelines


### Additional Sources

### Quality Statement 7
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.

### EVIDENCE SOURCES
#### Australian Guidelines

#### International Guidelines

#### Additional Sources
1. UK NHS. What is a care plan? Accessed May 2015 at: [http://www.nhs.uk/Planners/Yourhealth/Pages/Careplan.aspx](http://www.nhs.uk/Planners/Yourhealth/Pages/Careplan.aspx)