

TIME TO

THINK DELIRIUM

What is delirium?

Delirium (sometimes called acute confusional state) is a common serious condition for older people. This medical emergency is often under-recognised and often poorly managed. Delirium is the most common complication of hospitalisation in the elderly population. The incidence is also higher in those with pre-existing cognitive impairment.

The prevalence of delirium in people on medical wards in hospital is about 20 % to 30 %, and 10 % to 50 % of people having surgery develop delirium. In long-term care the prevalence is under 20. People who develop delirium may:

- need to stay longer in hospital or in critical care
- have an increased incidence of dementia
- have more hospital-acquired complications, such as falls and pressure sores
- be more likely to need to be admitted to long-term care if they are in hospital, and
- be more likely to die. (NICE, 2011)

Recognising delirium

Sudden onset of:

- *reduced mobility and appetite, withdrawal (hypoactive delirium)*
- *alterations in usual mood, communication or attitude*
- *restlessness, agitation, sleep disturbance*
- *confusion or worsened confusion*
- *impaired concentration and attention*
- *responding to hallucinations, and*
- *fluctuations in these symptoms and presentation.*

Suspecting delirium

If you suspect a diagnosis of delirium:

- *treat this as a medical emergency*
- *assess for delirium using a locally agreed tool, such as 4AT or CAMS*
- *once a diagnosis of delirium is made and documented, use the TIME bundle checklist to identify Triggers, Investigate cause, create a Management plan and Engage with patient and families*
- *refer to the Scottish Delirium Association (SDA) Delirium Pathway or local pathway*
- *remember sedation is only used where appropriate (refer to SDA pathway/local protocol), and*
- *ask families or carers – “Is this usual behaviour for your relative?”*

TIME checklist

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Date: / /
Time: : :
Patient age: Y/N

Practitioner Name: _____ Practitioner Signature: _____

TIME bundle of elements within 2 hours (initial and re-visit of component)	Assessment	Result date	Priority/next
1. Triggers (check all that apply)			
1.1. ABCD (check all that apply)			
1.2. ABCD (check all that apply)			
1.3. ABCD (check all that apply)			
1.4. ABCD (check all that apply)			
1.5. ABCD (check all that apply)			
1.6. ABCD (check all that apply)			
1.7. ABCD (check all that apply)			
1.8. ABCD (check all that apply)			
1.9. ABCD (check all that apply)			
1.10. ABCD (check all that apply)			
2. Investigate and respond to reversible underlying causes			
2.1. ABCD (check all that apply)			
2.2. ABCD (check all that apply)			
2.3. ABCD (check all that apply)			
2.4. ABCD (check all that apply)			
2.5. ABCD (check all that apply)			
2.6. ABCD (check all that apply)			
2.7. ABCD (check all that apply)			
2.8. ABCD (check all that apply)			
2.9. ABCD (check all that apply)			
2.10. ABCD (check all that apply)			
3. Management Plan			Completed
3.1. ABCD (check all that apply)			
3.2. ABCD (check all that apply)			
3.3. ABCD (check all that apply)			
3.4. ABCD (check all that apply)			
3.5. ABCD (check all that apply)			
3.6. ABCD (check all that apply)			
3.7. ABCD (check all that apply)			
3.8. ABCD (check all that apply)			
3.9. ABCD (check all that apply)			
3.10. ABCD (check all that apply)			
4. Engage and Educate			
4.1. ABCD (check all that apply)			
4.2. ABCD (check all that apply)			
4.3. ABCD (check all that apply)			
4.4. ABCD (check all that apply)			
4.5. ABCD (check all that apply)			
4.6. ABCD (check all that apply)			
4.7. ABCD (check all that apply)			
4.8. ABCD (check all that apply)			
4.9. ABCD (check all that apply)			
4.10. ABCD (check all that apply)			