



Delirium Risk Factors On Admission

- Age \geq 65 years
- Impaired Cognitive Function
- Vision / Hearing Loss
- Severe Illness
- Fracture
- Infection



Delirium Prevention Measures

Improve Orientation

Introduce self, role, & location at every patient encounter
Orientation Board

Improve Cognitive Stimulation

Vision - Glasses
Hearing - Portable Amplifier
Taste – Nutrition
Touch – preserve mobility
Thought - Books, puzzles, games

Improve/Preserve Mobility

Reduce foley / IV / restraints
Encourage ambulation
PT/OT

Preserve the sleep – wake cycle

Minimize nighttime interruptions
Lights out / Close Doors
Daytime stimulation



AMERICAN
DELIRIUM
SOCIETY

Attention Testing

Months of the year backwards

<perfect = deficit

Serial sevens

<perfect = deficit

Digit span backwards

Say these numbers backwards:

4 – 2

6 – 4 – 9

8 – 5 – 3 – 7

<4 backwards = deficit



AMERICAN
DELIRIUM
SOCIETY

Delirium Differential Diagnosis

D – Drugs

see card

E – Electrolytes

Na, Ca, BUN, glucose

L – Lack of Drugs

pain, EtOH, Rx meds

I – Infection

UTI, Asp PNA

R – Reduced Sensory Input

restraint, hearing, vision

I – Intracranial (rare)

meds, seizure, stroke

U – Urinary Retention

fecal impaction, meds

M – Myocardial

PE, MI, CHF



Delirium Prevention Measures

Potentially Toxic Medications

Benzodiazepines

diazepam, lorazepam, ambien

Antihistamines

diphenhydramine, chlorphenhydramine,
cimetidine

Anticholinergics

oxybutynin, belladonna, cyclobenzaprine
hyocysamine, meclizine, scopolamine

Pain Medications

meperidine, propoxyphene, opioids,
indomethacin

Antidepressants

amitriptyline, imipramine, paroxetine

Antipsychotics

chlorpromazine, thioridazine, olanzapine

Cardiac Drugs

amiodarone, lidocaine, digoxin

Neurologic

phenobarbitol, dilantin, carbamazepine
dopamine,