Diagnosis

The diagnosis of delirium is clinical and includes:

- Observation: Patients with hyperactive delirium demonstrate features of restlessness, agitation and hypervigilance and often experience hallucinations and delusions. By contrast, patients with hypoactive delirium present with lethargy and sedation, respond slowly to questioning, and show little spontaneous movement and fail to progress in rehabilitation. Patients with mixed delirium demonstrate features of both types.
- Obtaining a thorough history of onset and course e.g. from family, carers, nursing notes
- A careful and complete medical history and physical examination including mental status examination
- Medication review
- Laboratory and radiology tests to highlight possible underlying causes
- Several screening tools are available to aid in identifying delirium. Comparison with an AMTS (Abbreviated Mental Test Score) or MMSE (Mini Mental State Examination) score before the onset of delirium is ideal. Administering the AMTS or MMSE several times during the course of delirium can be a way to assess improvement. Other available tools include The Confusion Assessment Method (CAM), The Delirium Rating Scale (DRS) and the Delirium Observation Scale (DOS). Choice of assessment tool will depend on training/expertise and setting.

(The current standard for the diagnosis of delirium appears in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition).

Preventing Delirium

- Following admission to hospital assess and monitor people at risk of developing delirium.
- Avoid moving at risk people within and between wards.
- Ensure appropriate placement on the unit – Avoid too much noise, glaring lights/shadows.
- Provide frequent explanation and reassurance.
- Use clocks/signage to orientate.
- Ensure prompt assessment and treatment for constipation, dehydration, hypoxia, pain, infection or nutritional problems.
- Avoid unnecessary catheterisation, cannulation and restraints.
- Encourage early mobilisation following surgery or illness.
- Reduce noise and avoid nursing or medical procedures during sleeping hours if possible.
- For people with sensory impairments ensure they have access to their glasses or hearing aids.

Where symptoms do not resolve: Re-evaluate for underlying causes: Follow up and assess for possible dementia

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