Dementia / Delirium Combined Pathway and Care Bundle for Emergency Department and Acute Medical Assessment Unit
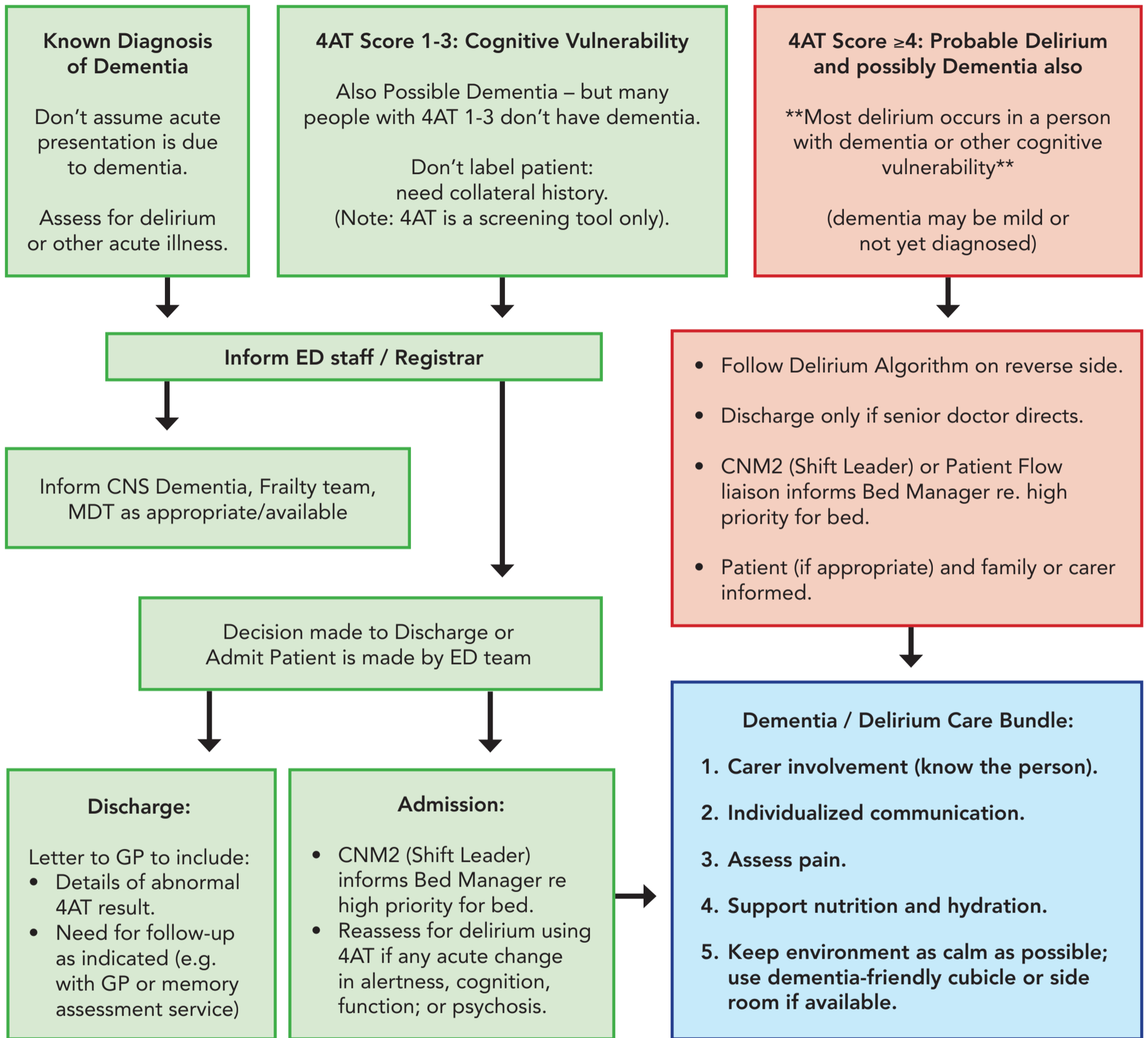
National Dementia Office | HSE Feidhmeannacht na Seirbhíse Sláinte Health Service Executive | OLDER PEOPLE | EMERGENCY MEDICINE | ACUTE MEDICINE | NCPS NATIONAL CLINICAL PROGRAMME IN SURGERY

This algorithm is for use only in adults, and is not intended for delirium due to alcohol or drug intoxication/ withdrawal.

(Follows assessment for delirium using 4AT rapid assessment tool at earliest point of contact- see reverse side)

Known Diagnosis of Dementia

Don't assume acute presentation is due to dementia.

Assess for delirium or other acute illness.

4AT Score 1-3: Cognitive Vulnerability

Also Possible Dementia – but many people with 4AT 1-3 don't have dementia.

Don't label patient: need collateral history.
(Note: 4AT is a screening tool only).

4AT Score ≥4: Probable Delirium and possibly Dementia also

Most delirium occurs in a person with dementia or other cognitive vulnerability

(dementia may be mild or not yet diagnosed)

Inform ED staff / Registrar

Inform CNS Dementia, Frailty team, MDT as appropriate/available

Decision made to Discharge or Admit Patient is made by ED team

- Follow Delirium Algorithm on reverse side.
- Discharge only if senior doctor directs.
- CNM2 (Shift Leader) or Patient Flow liaison informs Bed Manager re. high priority for bed.
- Patient (if appropriate) and family or carer informed.

Discharge:

Letter to GP to include:
- Details of abnormal 4AT result.
- Need for follow-up as indicated (e.g. with GP or memory assessment service)

Admission:

- CNM2 (Shift Leader) informs Bed Manager re high priority for bed.
- Reassess for delirium using 4AT if any acute change in alertness, cognition, function; or psychosis.

Dementia / Delirium Care Bundle:

1. **Carer involvement (know the person).**
2. **Individualized communication.**
3. **Assess pain.**
4. **Support nutrition and hydration.**
5. **Keep environment as calm as possible; use dementia-friendly cubicle or side room if available.**

NOTE: Care pathways cannot cover all clinical scenarios. Ultimate responsibility for the interpretation and application of this algorithm and pathway, the use of current information and a patient's overall care and wellbeing resides with the treating clinician.

National guidance document to support this algorithm and pathway, and more resources for acute hospital delirium/dementia care in Ireland:
https://dementiapathways.ie/care-pathways

NICE Clinical Guideline Delirium (No. 103; 2010 - updated 2019) https://www.nice.org.uk/guidance/cg103

SIGN Guideline for Delirium 2019: https://www.sign.ac.uk/sign-157-delirium.html

Psychotropic medications for non-cognitive symptoms of dementia: (National Clinical Guideline No. 21). Available at:
https://health.gov.ie/national-patient-safety-office/ncec/national-clinical-guidelines/

Validation of 4AT in ED: O'Sullivan D, Brady N, Manning E, O'Shea E, O'Grady S, O 'Regan N, Timmons S. Validation of the 6-Item Cognitive Impairment Test and the 4AT test for combined delirium and dementia screening in older ED attendees. Age Ageing. 2018; 47:61-68. https://academic.oup.com/ageing/article/47/1/61/4101644

Sepsis Pathway Link: https://www.hse.ie/eng/about/who/cspd/ncps/sepsis/resources/

Acknowledgments: National working group to develop acute hospital dementia/delirium pathways. Membership details available at:
https://dementiapathways.ie/care-pathways