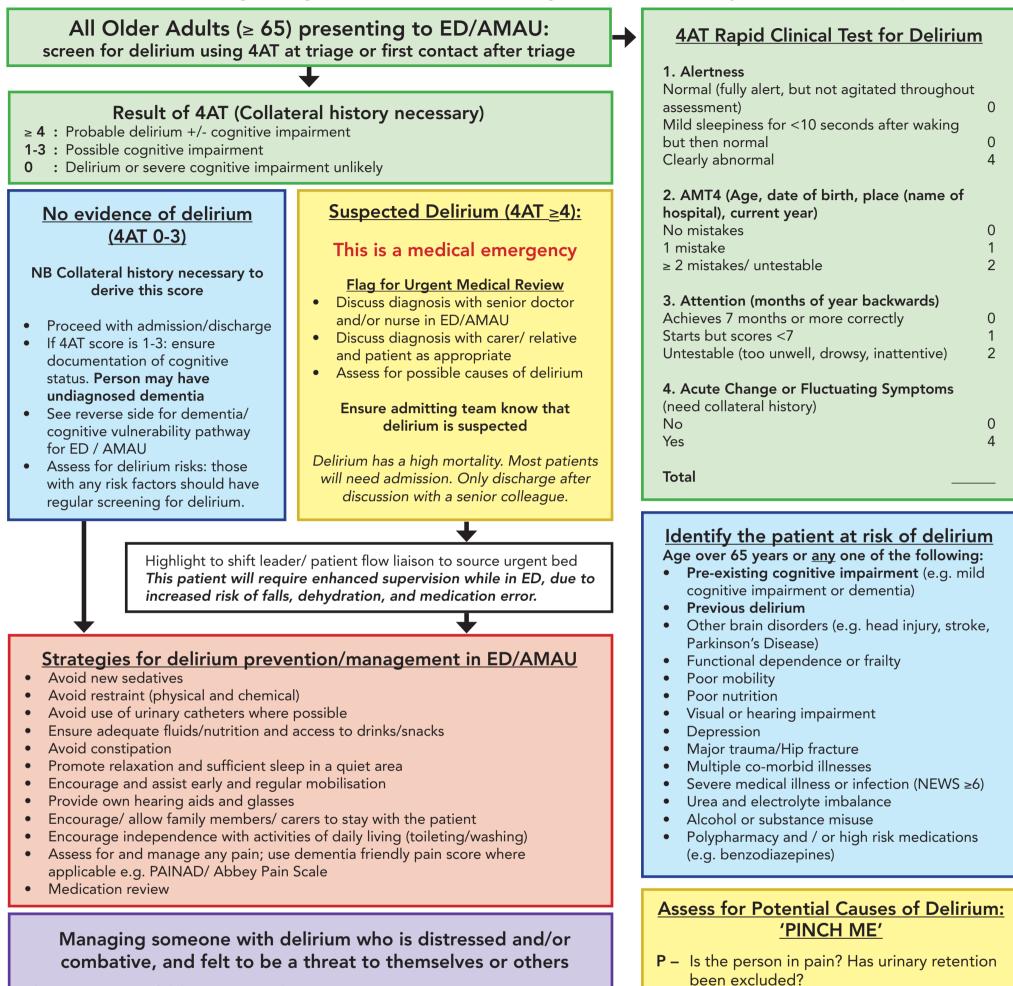
## Early Identification and Management of Delirium in the Emergency Department/ Acute Medical Assessment Unit



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

DELIRIUM is an acute change in cognitive function that has an organic cause and is likely to be reversible or preventable.



The management of delirium is primarily **NON PHARMACOLOGICAL**.

**ALWAYS** try to de-escalate the situation first. Explain what is happening, re orientate, try to nurse in a quiet area, consider need for one to one care.

**IN** – Infection: is there a possible infection?

- The evidence for the benefit of antipsychotics in treating delirium is very weak. If emergency treatment with medication is needed because the patient or others are at immediate risk and/or urgent care is compromised, low dose ORAL antipsychotic medication is preferred. Small doses should be given e.g. Haloperidal (0.5 -1mg), Quetiapine (12.5 - 25mg), Olanzapine (2.5mg), Risperidone (0.5mg)

   Avoid antipsychotics in those with Lewy body dementia or Parkinson's disease
   Cat an ECC and shack OTs hafers using antipsychotic accents
  - Get an ECG and check QTc before using antipsychotic agents.
- **2.** Benzodiazepines worsen delirium and are reserved for alcohol or benzodiazepine withdrawal (follow withdrawal protocols); or where emergency treatment is required (as per 1, but antipsychotics are contraindicated: e.g. consider lorazepam (0.5-1mg).
- **3.** A decision to use IM or IV sedation must be made by a senior doctor (i.e. Registrar/ Consultant). This should be administrated in an area where the patient can be properly monitored and where airway support is available. Flumazenil should be available if using lorazepam. Procyclidine/ Benztropine should be available if using antipsychotic agents.

- Refer to sepsis pathway as appropriate (link overleaf)
- C Constipation: When was the last bowel movement?
- H Hydration/nutrition: is there major electrolyte imbalance? Has hypoxia, hypotension, hypoglycaemia been considered?
- M Medication: omission of regular medication or addition of new medication
- E Environment: change of environment, noise or activity levels impacting sleep/ rest

NOTE: Clinical algorithms are for reference only and do not replace clinical judgement