

Healthy Ageing 101 Presents:

Delirium and Older Adults: What You Need To Know

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Healthy Ageing
and Geriatrics



What do these people have in common?

1. Your husband has mild dementia. He was recently in contact with your grandchild who then got COVID. He now has a cough and seems much sleepier than usual.
2. Your wife has several medical problems and takes 5 medications. She has just had a hip replacement. She's not getting moving in the days after the surgery and is saying really strange things.
3. Your mother manages quite well at home despite taking the 11 medications for her various problems. But today when you stop in, she seems to have been up all night and can't focus long enough to make her lunch.
4. Your otherwise healthy friend lives in a long-term care home because of his severe dementia. You generally have quite good visits with him. Today he seems really angry and unpleasant and tried to punch you when you visit.

Delirium

It is a **new** inability to think, remember, or understand what is going on that has an internal or external **cause**

Delirium

It is **common** among those who already have a **brain problem** and now have a **new challenge** to that brain.

Chronic brain failure
Acute brain failure

Delirium

Delirium is:

- a) A disease
- b) A symptom
- c) A syndrome
- d) A disability

Delirium

Predisposing factors

and

Precipitating factors

Delirium: Sub-types

Hyper-active

Mixed

Hypo-active

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Delirium: Identification

4AT (the 4 A's Test):

1. Alertness
2. Abbreviated Mental Test
3. Attention
4. Acute Change

<https://www.the4at.com/4atguide>

Delirium: Identification

bCAM (Brief Confusion Assessment Method)

1. Acute and fluctuating
2. Inattention
3. Disorganized thinking
4. Change in level of awareness

<http://eddelirium.org/wp-content/uploads/2016/05/bCAM-Training-Manual-Version-1.0-10-15-2015.pdf>

Delirium: Identification

Single Question in Delirium (SQiD):

Do you feel that this person has been more confused lately?

Delirium: Causes (DIMES)

1. Drugs
2. Infections
3. Medical problems: like high or low sugar, calcium, sodium
4. Environmental: like over- or under-stimulated; sensory impairment (non-functioning hearing aid, loss of glasses); sudden change in setting (from home to LTC; or from hospital to home)
5. Structural problems in the brain (a stroke, cancer)
6. Other: pain, constipation, urine retention

Delirium: Management

1. Identify and treat the cause
2. Make the person as comfortable as possible:
 - Food
 - Drink
 - Warmth
 - Other physiologic needs (bowel, bladder)
 - Mobility
 - Stimulation/conversation
 - Orientation



Delirium: Prevention!

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 - Food
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Additional Resources

Geri-EM.com: E-learning module on Delirium in Acute Care:

<https://gedcollaborative.com/course/cognitive-impairment-in-the-older-ed-patient/>

RGP: Know Do Tell Ask Tool:

<https://www.rgptoronto.ca/wp-content/uploads/2019/07/sfCare-Learning-Series-Delirium-Handout.pdf>

4AT (The 4 A's Test):

<https://www.the4at.com/4atguide>

Additional Resources

Health Quality Ontario Standard for care of adults with delirium

https://hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/delirium?utm_source=hootsuite

AARP video on Delirium in the ED:

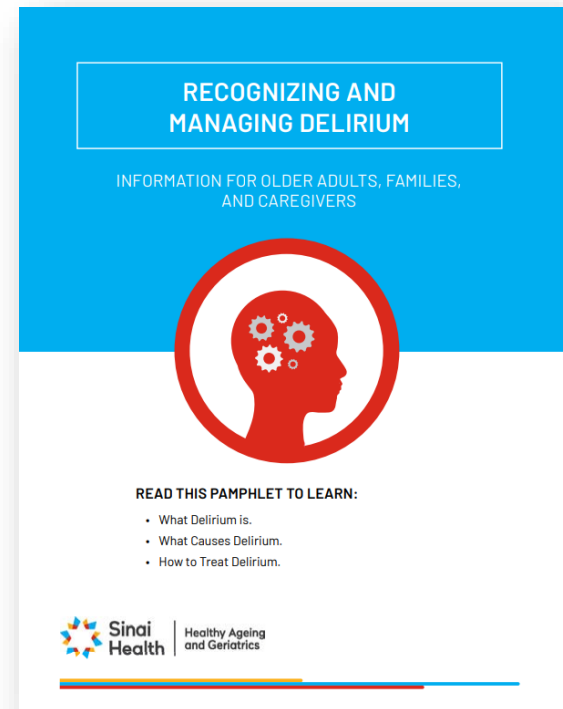
<https://videos.aarp.org/detail/video/6312716791112/delirium-in-the-emergency-department:-serious-costly-and-potentially-deadly>

Additional Resources

<https://sinaigeriatrics.ca/healtheducation/>

Find more information in “Recognizing and Managing Delirium” on our website

<https://sinaigeriatrics.ca/patient-resources/how-to-recognize-and-manage-delirium/>



Questions? (submit through Q&A)



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