May 2022 - Central East PPSMC Educational Newsletter

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Delirium

What is Delirium

Delirium DSM 5 criteria

- A disturbance in **attention** (reduced ability to direct, focus, sustain, and shift attention) and reduced clarity of **awareness and orientation** to environment.
- The disturbance develops over a **short period of time** (hours to a few days) and tends to **fluctuate** during the course of the day.
- A change in **cognition** (such as memory deficit, disorientation, language or perceptual disturbance) not explained by a pre-existing or evolving neurocognitive disorder and not occurring in the setting of a severely reduced level of consciousness.
- There is evidence (history, examination and investigations) of a **general medical condition** judged to be etiologically related to the disturbance.

Types of Delirium

- Hyperactive Delirium
- Hypoactive Delirium
- Mixed Delirium

Hyperactive – 30%

The person becomes overactive (agitated or restless).

Hypoactive – 48%

The person is underactive (sleepy and slow to respond). No agitation.

Mixed – 22%

Patient oscillates between periods of hyperactivity and periods of hypoactivity.

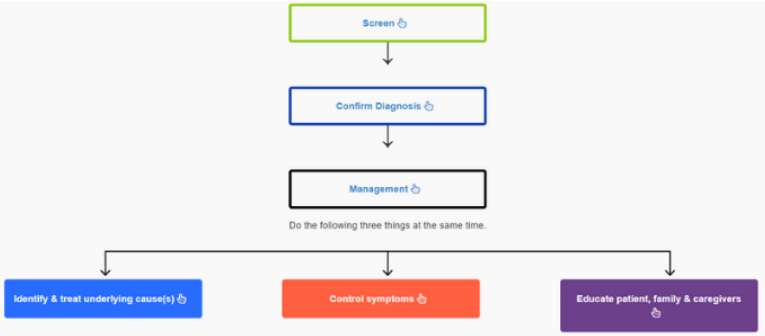
- Age
- Dementia
- Advanced Disease (80-90%)

Risk Factors for Delirium

- Multiple comorbid conditions
- Renal Impairment
- Malnutrition/Dehydration
- Polypharmacy
- Change in environment
- Lack of sleep
- Pain

Management of Delirium

1. Screen - make this part of your daily practice
2. Confirm Diagnosis
3. Management:
    - Identify and treat underlying causes
    - Control Symptoms
    - Educate patient, family and caregivers

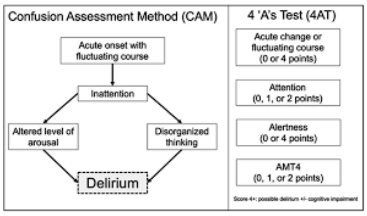


How to Assess for Delirium

Confusion Assessment Method (CAM)

Feature 1: Acute Onset and Fluctuating Course
Feature 2: Inattention
Feature 3: Disorganized Thinking
Feature 4: Altered Level of Consciousness

If features 1 and 2 and either 3 or 4 are present (CAM +/positive), a diagnosis of delirium is suggested.



Remember your OPQRSTUV!

O - Onset
When did it begin? Has it happened before/ How long does it last? How often does it occur?

P - Provoking / Palliating
What brings it on? What makes it better? What makes it worse?

Q - Quality
What does it feel like? Can you describe it? Do you feel confused? Are you seeing or hearing anything unusual? How are you sleeping?

R - Region / Radiation
Are there other symptoms that accompany this symptom? Do you know what day/month/year it is? Do you know where you are right now? Can you tell me your full name?

S - Severity
How bothered are you by the symptom? Rate on a scale from 0-10 (right now / at its best / at its worst / on average / after treatment)?

T - Treatment
What medications / treatments are you using (including non-prescription or naturopathic)? How effective are they? Are you having side effects? What medications have you tried in the past?

U - Understanding
What do you believe is causing the symptom? How is it affecting you/your family? What is most

concerning for you?

V - Values
What overall goals do we need to keep in mind while managing this symptom? What is an acceptable level for this symptom (0-10)? Are there any beliefs, views, or feelings about the symptom that are important to you/your family?

Identify and Treat the Underlying Causes

- Don't simply blame it on the opioids. Look for other causes such as other drugs, infections (e.g. UTI), dehydration, hypercalcemia, etc.
- To what extent one will look for the underlying causes and treat them depends on several factors. These include:
  - The illness trajectory
  - Reversibility of the cause
  - Availability of treatments.
  - Goals of care and patient wishes and values.
- Common causes include: medications, dehydration, infection, metabolic causes (e.g. hypercalcemia, uremia, liver failure), hypoxia and brain metastases or disease.
- Physical Exam, Bloodwork, Urine, X-ray, CT, MRI
- Don't forget to exclude urinary retention/constipation as a cause/aggravating factor, which is often missed. Are they voiding appropriately? When was their last bowel movement and are they emptying?

PRISME

P - Pain / Poor nutrition

R - Retention (urinary or fecal) / Restraints

I - Infection / Immobile

S - Sleep / Skin / Sensory

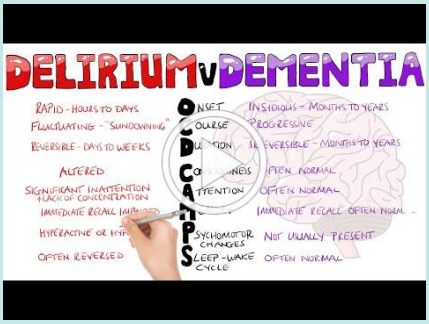
M - Mental Status / Medication / Metabolic

E - Environment

Examples of underlying precipitating causes	Examples of treatments of underlying causes
Opioid Neurotoxicity	Opioid switch, dose reduction and/or hydration
Medications	Discontinue or reduce
Dehydration	IV or hypodermoclysis
Hypercalcemia	Bisphosphonate (or calcitonin if renal impairment) plus hydration or hydration only if mild
Infection	Antibiotics (therapeutic trial)
Brain metastases	Corticosteroid

Delirium Awareness Video

Delirium vs. Dementia Video



Principles for Controlling Delirium Symptoms

1. Identify the key symptom and signs: agitation, hallucinations, somnolence, confused thinking.
2. Assess the severity and degree of distress.
3. Develop a plan: Pharmacological and Non-Pharmacological measures
4. Monitor the patient's response.

Non-Pharmacological Interventions

- Gentle, repeated reassurances

- Reorientation
- Reduce stimulation
- Low ambient light
- Low noise
- Avoid physical restraints

Pharmacological Interventions

Mild Delirium

Non-pharmacological Management is Preferred

- Haloperidol (Haldol)
- Low does Methotrimeprazine (Nozinan)
- Atypical Antipsychotics
  - Small doses of Olanzapine (Zyprexa), Risperidone or Quetiapine (Seroquel)

Moderate Delirium

Need to Control quickly

- Methotrimeprazine (Nozinan)
  - More sedating than haloperidol
- Haloperidol at higher doses
- Atypical antipsychotics
  - Small doses of Olanzapine (Zyprexa), Risperidone or Quetiapine (Seroquel)

Severe Delirium

Emergent Situation - Need to Control quickly

- Bring under control quickly using PRN doses
- Once under control use maintenance dose
- Methotrimeprazine

OR

- Midazolam
  - Palliative sedation may be needed in exceptional cases at end of life where delirium is refractory

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Central East Palliative Pain and Symptom Management Consultants:

For consultation support or education requests:

Brenda Derdaele, RN, CHPCN (C)
Palliative Pain & Symptom Management Consultant
Durham Region

Email Me

Erin Newman-Waller RN, BScN, CHPCN(C)
Palliative Pain and Symptom Management
Peterborough Hospice

Resources:

Cancer Care Ontario | Delirium Management Algorithm

Cancer Care Ontario | Delirium Guide-to-Practice

Cancer Care Ontario | Delirium Pocket Guide

B.C. Inter-professional Palliative Symptom Management Guidelines | Delirium

The 3 D's (Delirium / Dementia / Depression)

Pallium Pocketbook App | Delirium

Palliative SBAR

PPSMC Delirium Webinar

Once the webinar is completed, please complete the SurveyMonkey registration to receive your certificate.

May Educational Opportunities:

Gastrointestinal Symptom Management

Wed, May 11:

- Lunch & Learn
- 12-1pm

Lunch & Learn Registration

Thurs, May 12:

- Coffee & Palliative Care
- 3-4pm

Coffee & Care Registration

Email Me

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Palliative Pain and Symptom Management Consultant
Scarborough

Email Me

Durham Region PPSMC Educational Hub Website

PDF Version of Newsletter

Durham Hospice Services

Visit our website vondurham.org

VON Durham Referral Form

Please help VON Durham Hospice Services support our Palliative Community.

We offer:

- Hospice Volunteer supports
- Patient & Caregiver support groups
- Hospice Nurse Navigation
- Supportive Care Counselling
- Grief & Bereavement support
- Community Education

HOSPICE PETERBOROUGH

- Hospice Volunteer supports
- Patient & Caregiver support groups
- Nurse Navigation
- Supportive Care Counselling
- Grief & Bereavement support
- Community Education

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