## **START**

Patient more confused than before?

## #ThinkDelirium



Do a 4AT score
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www.the4at.com



4 or more on the 4AT?
Suspect
Delirium



Start a PINCH ME Delirium screen consider <u>all</u> parts, for <u>all</u> patients!



There's often more than one cause at a time: hunt them <u>all</u> down!			
	Possible cause	Action	Top tip
P	Pain	Assess & treat pain. Have analgesics been changed?	New or increased pain meds also common delirium triggers (We're looking at you, codeine)
1	Infection	Assess patient; increase frequency of obs; send MSU; send FBC & CRP (See also Electrolyes, below)	Infections are a common cause of delirium, but they are definitely <u>not</u> the only possibility! Keep looking!
N	Nutrition	Is patient eating well? Are they malnourished? Are they withdrawing from alcohol?	Ask about alcohol consumption - never assume that old people don't drink! They may need Pabrinex, & Rx for withdrawal.
С	Constipation	Do a digital rectal examination (PR) or you will miss constipation!	"Constipation isn't the poo you can see, it's the poo you can't" (and don't forget overflow)
Н	Hydration Be extra careful in heat-waves!	Push oral fluids if any concerns about fluid intake; check/start fluid balance chart	Are subcut or IV fluids indicated/appropriate? Pay particular attention to patients who don't have visitors
M	Medication	Try to stop any medications that may be increasing confusion	Calculate the anticholinergic burden of the patient's meds e.g. www.acbcalc.com
E	Environment	Encourage normal sleep/ wake cycle; have a clock & calendar in view, hearing aids in, and glasses on.	Encourage family/friends to visit whenever possible: ask them to bring photos. Give patient a card saying where they are!
	Electrolytes	Send U&E, Magnesium, and bone profile (as well as the FBC and CRP listed under "infection")	Both hyponatraemia (culprit often PPIs, diuretics and/or SSRIs) & hypercalcaemia are classic causes of confusion



This and other #ThinkDelirium infographics can be downloaded at www.LindaDykes.org



In loving memory of my dad, Tony Dykes, who used to get delirium at the drop of a hat! @DrLindaDykes