NICE National Institute for Health and Care Excellence

NICE Pathways

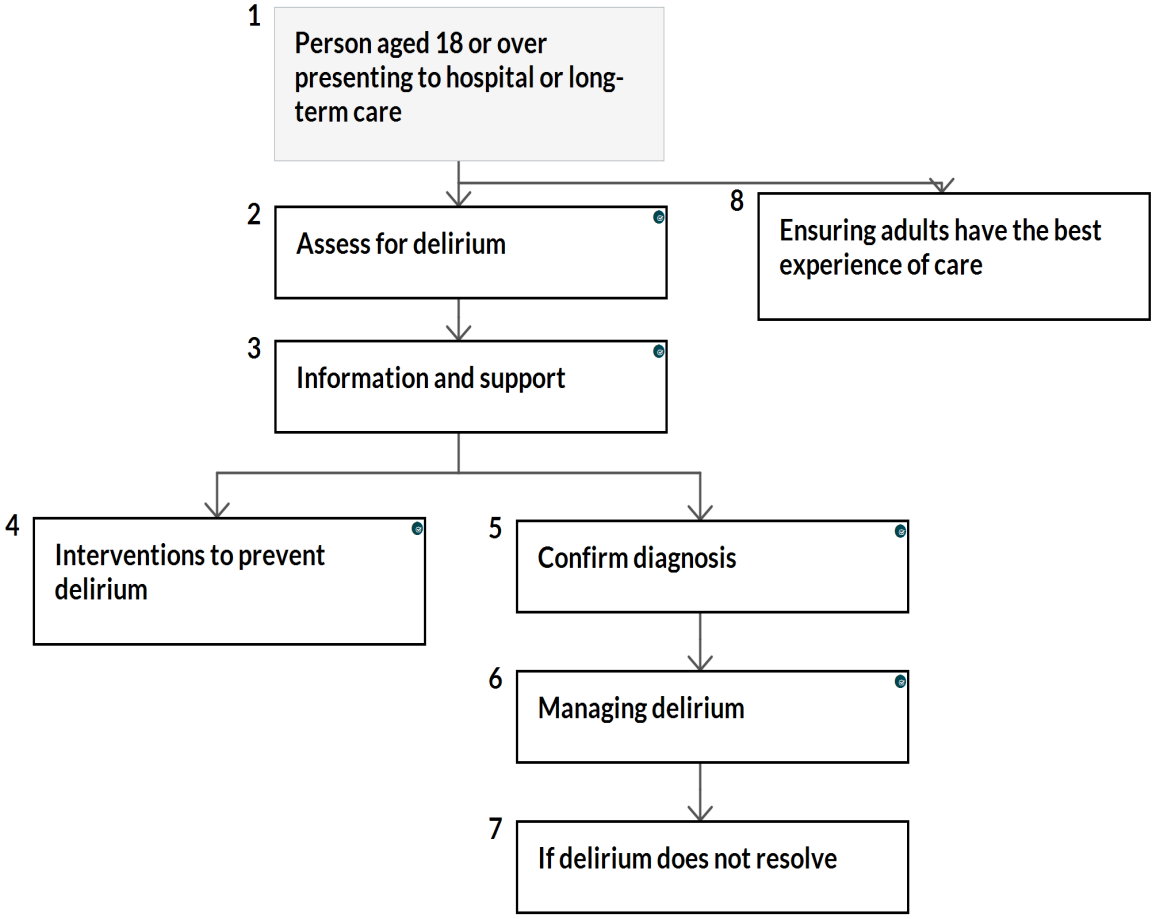
Delirium overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/delirium
NICE Pathway last updated: 30 October 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person aged 18 or over presenting to hospital or long-term care

No additional information

2 Assess for delirium

At first presentation

When people first present to hospital or long-term care, assess them for the following risk factors. If any of these risk factors is present, the person is at risk of delirium.

- Age 65 years or older.
- Cognitive impairment (past or present) and/or dementia. If cognitive impairment is suspected, confirm it using a standardised and validated cognitive impairment measure.
- Current hip fracture.
- Severe illness (a clinical condition that is deteriorating or is at risk of deterioration).

If dementia is suspected, refer to further information on the diagnosis, treatment and care of people with dementia in NICE's recommendations on dementia.

For further information on recognising and responding to acute illness in adults in hospital see NICE's recommendations on acutely ill patients in hospital.

At presentation, assess people at risk for recent (within hours or days) changes or fluctuations in behaviour. These may be reported by the person at risk, or a carer or relative. Be particularly vigilant for behaviour indicating hypoactive delirium (marked*). These behaviour changes may affect:

- Cognitive function: for example, worsened concentration*, slow responses*, confusion.
- Perception: for example, visual or auditory hallucinations.
- Physical function: for example, reduced mobility*, reduced movement*, restlessness, agitation, changes in appetite*, sleep disturbance.
- Social behaviour: for example, lack of cooperation with reasonable requests, withdrawal*, or alterations in communication, mood and/or attitude.

If any of these behaviour changes are present, a healthcare professional who is trained and competent in diagnosing delirium should carry out a clinical assessment to confirm the diagnosis.

Ongoing observations

Observe people at every opportunity for any changes in the risk factors for delirium.

Observe, at least daily, all people in hospital or long-term care for recent (within hours or days) changes or fluctuations in usual behaviour. These may be reported by the person at risk, or a carer or relative. If any of these behaviour changes is present, a healthcare professional who is trained and competent in the diagnosis of delirium should carry out a clinical assessment to confirm the diagnosis.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Mental wellbeing of older people in care homes quality standard

3. Recognition of mental health conditions

Delirium in adults quality standard

1. Assessing recent changes in behaviour

3 Information and support

Offer information to people who are at risk of delirium or who have delirium, and their family and/or carers, which:

- informs them that delirium is common and usually temporary
- describes people's experience of delirium
- encourages people at risk and their families and/or carers to tell their healthcare team about any sudden changes or fluctuations in behaviour
- encourages the person who has had delirium to share their experience of delirium with the healthcare professional during recovery
- advises the person of any support groups.

Ensure that information provided meets the cultural, cognitive and language needs of the person.

NICE has written information for the public on delirium: prevention, diagnosis and management.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Delirium in adults

4. Information and support

4 Interventions to prevent delirium

Ensure that people at risk of delirium are cared for by a team of healthcare professionals who are familiar to the person at risk. Avoid moving people within and between wards or rooms unless absolutely necessary.

Give a tailored multicomponent intervention package:

- Within 24 hours of admission, assess people at risk for clinical factors contributing to delirium.
- Based on the results of this assessment, provide a multicomponent intervention tailored to the person's individual needs and care setting.

The tailored multicomponent intervention package should be delivered by a multidisciplinary team trained and competent in delirium prevention.

Address cognitive impairment and/or disorientation by:

- providing appropriate lighting and clear signage; a clock (consider providing a 24-hour clock in critical care) and a calendar should also be easily visible to the person at risk
- talking to the person to reorientate them by explaining where they are, who they are, and what your role is
- introducing cognitively stimulating activities (for example, reminiscence)
- facilitating regular visits from family and friends.

Address dehydration and/or constipation by:

- ensuring adequate fluid intake to prevent dehydration by encouraging the person to drink – consider offering subcutaneous or intravenous fluids if necessary
- taking advice if necessary when managing fluid balance in people with comorbidities (for example, heart failure or chronic kidney disease).

For information on when and how to offer intravenous fluids, see NICE's recommendations on

intravenous fluid therapy in adults in hospital .

Assess for hypoxia and optimise oxygen saturation if necessary, as clinically appropriate.

Address infection by:

- looking for and treating infection
- avoiding unnecessary catheterisation
- implementing infection control procedures in line with NICE's recommendations on prevention and control of healthcare-associated infections.

Address immobility or limited mobility through the following actions:

- Encourage people to:
  - mobilise soon after surgery
  - walk (provide appropriate walking aids if needed–these should be accessible at all times).
- Encourage all people, including those unable to walk, to carry out active range-of-motion exercises.

Address pain by:

- assessing for pain
- looking for non-verbal signs of pain, particularly in those with communication difficulties (for example, people with learning difficulties or dementia, or people on a ventilator or who have a tracheostomy)
- starting and reviewing appropriate pain management in any person in whom pain is identified or suspected.

Carry out a medication review for people taking multiple drugs, taking into account both the type and number of medications. See NICE's recommendations on medicines optimisation.

Address poor nutrition by:

- following the advice given on nutrition in NICE's recommendations on nutrition support in adults
- if people have dentures, ensuring they fit properly.

Address sensory impairment by:

- resolving any reversible cause of the impairment, such as impacted ear wax

- ensuring hearing and visual aids are available to and used by people who need them, and that they are in good working order.

Promote good sleep patterns and sleep hygiene by:

- avoiding nursing or medical procedures during sleeping hours, if possible
- scheduling medication rounds to avoid disturbing sleep
- reducing noise to a minimum during sleep periods.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Delirium in adults

2. Interventions to prevent delirium

5 Confirm diagnosis

If indicators of delirium are identified, carry out a clinical assessment based on the DSM-V criteria or CAM to confirm the diagnosis. In critical care or in the recovery room after surgery, CAM-ICU should be used. A healthcare professional who is trained and competent in the diagnosis of delirium should carry out the assessment. If there is difficulty distinguishing between the diagnoses of delirium, dementia or delirium superimposed on dementia, treat for delirium first.

Ensure that the diagnosis of delirium is documented both in the person's hospital record and in their primary care health record.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Delirium in adults

5. Communication of diagnosis to GPs

6 Managing delirium

In people diagnosed with delirium, identify and manage the possible underlying cause or combination of causes.

Ensure effective communication and reorientation (for example explaining where the person is, who they are, and what your role is) and provide reassurance for people diagnosed with delirium. Consider involving family, friends and carers to help with this. Ensure that people at risk of delirium are cared for by a team of healthcare professionals who are familiar to the person at risk. Avoid moving people within and between wards or rooms unless absolutely necessary.

If a person with delirium is distressed or considered a risk to themselves or others, first use verbal and non-verbal techniques to de-escalate the situation. See information on de-escalation in NICE's recommendations on violence and aggression. Distress may be less evident in people with hypoactive delirium, who can still become distressed by, for example, psychotic symptoms.

If a person with delirium is distressed or considered a risk to themselves or others and verbal and non-verbal de-escalation techniques are ineffective or inappropriate, consider giving short-term (usually for 1 week or less) haloperidol. Start at the lowest clinically appropriate dose and titrate cautiously according to symptoms.

Use antipsychotic drugs with caution or not at all for people with conditions such as Parkinson's disease or dementia with Lewy bodies. (For more information on the use of antipsychotics for these conditions, see psychotic symptoms (hallucinations and delusions) in NICE's recommendations on Parkinson's disease and managing non-cognitive symptoms in NICE's recommendations on dementia.)

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Delirium in adults

3. Use of antipsychotic medication for people who are distressed

7 If delirium does not resolve

For people in whom delirium does not resolve:

- Re-evaluate for underlying causes.
- Follow up and assess for possible dementia (for more information see NICE's recommendations on dementia).

8 Experience of care

Use these recommendations with NICE's recommendations on:

- patient experience in adult NHS services
- people's experience in adult social care services.

Glossary

Hypoactive delirium

subtype of delirium characterised by people who become withdrawn, quiet and sleepy

Multidisciplinary team

a team of healthcare professionals with the different clinical skills needed to offer holistic care to people with complex clinical problems such as delirium

Long-term care

residential care in a home that may include skilled nursing care and help with everyday activities; it includes nursing homes and residential homes

DSM-V

Diagnostic and Statistical Manual of Mental Disorders

CAM

confusion assessment method

CAM-ICU

confusion assessment method for the intensive care unit

Sources

Delirium: prevention, diagnosis and management (2010 updated 2019) NICE guideline CG103

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful

consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of

implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.