

# DELIRIUM CARE PATHWAYS Final Version5

Consider for use if aged over 65 years or 45 or older for Aboriginal or Torres Strait Island Communities (ATSI)

Delirium may be a life threatening and potentially reversible condition

## Preventative Strategies for Delirium

Has the patient/client been identified as potentially suffering from delirium?

No

Yes

### 1. Conduct baseline cognitive function assessments

Does patient/client have a cognitive impairment?

No

Yes

### 2. Determine any changes in cognitive function

Has there been a recent change in cognitive function?

No

Yes

### 3. Assess for Delirium

Does patient have a confirmed diagnosis of delirium?

Yes

No

### 4. Consider subclinical delirium

Does patient/client have some symptoms of delirium?

Yes

No

5. Monitor and respond to any sudden changes in cognitive function by repeating pathway

#### Include in care plan

- Prevention
- Screen at regular intervals for change in cognitive function
- Risk factor assessment and management

Differential diagnosis (refer to Poole's Algorithm)

#### Adapt care plan

- Consider who is consenting to care
- Identify and address causes
- Manage symptoms
- Pharmacological management
- Provide supportive care
- Prevent complications
- Monitor resolution following facility guidelines
- Manage modifiable risk factors
- Educate patient and family, give facility pamphlet consider use of interpreter
- Refer to advanced care plan

- Cognitive function assessment tools or ensure appropriate referral is made
- Known risk factors for the development of delirium

- Information from patient/client, carer, GP, medical record or facility assessments

- Delirium diagnostic tools or diagnosis by Expert

May '09 DCPs Final Version5

Adapted from: Clinical Epidemiology and Health Services Evaluation Unit 2006, *Clinical Practice Guidelines for the Management of Delirium in Older People*, Victorian Government Department of Human Services, Melbourne, Victoria.