Medical management of acute confusional state / delirium

Consider possible precipitants:

- Metabolic: ↓ Na / ↑ Ca / hypoxia / hypoglycaemia
- Alcohol or benzodiazepine withdrawal
- Infection: chest / urine / GI / lines / skin / joints / brain
- Drugs: has anything been started or suddenly withdrawn?
- Urinary retention
- Pain: is the patient in pain? If so, why?

Medical assessment and investigation:

- Bedside: obs (hypoxia) and glucose
- Bloods: FBC, U&E, LFTs, Ca, TFTs, CRP, troponin, glucose
- Blood cultures if evidence of infection; urinalysis and culture; ECG; CXR
- ABG if sats <96%, possibility of CO_2 retention or metabolic acidosis
- CT brain +/- LP if delirium persists without known precipitant

Modify the environment as possible:

One-to-one nursing (discuss with nurse in charge). Can family help by staying with the patient? A quiet, well-lit side room may help. Is your patient too hot, cold or hungry?

Drug treatment:

Only use drug treatment if your patient is at risk of causing harm to themselves or others. If alcohol withdrawal is a possibility refer to the local alcohol withdrawal protocol (e.g. chlordiazepoxide). If drug treatment essential:

- **Haloperidol 0.5 – 2mg orally if possible, if not then SC or IM** **WAIT 20 MINS AT LEAST**
- **If no response, repeat haloperidol as above** **WAIT 20 MINS AT LEAST**
- **If no response, give lorazepam 0.5mg orally and discuss with seniors**

If patient settles but precipitants remain, consider regular maintenance treatment with haloperidol 0.5 - 2mg orally 8 - 12 hourly, maximum 5mg in 24 hours.
Consider trazodone 50 - 100mg at night if nocturnal symptoms predominate.

This is a general guideline – your patients have individual problems

1. Seek and treat precipitants 2. Try to modify the environment 3. Give drugs time to work

Note 1: Benzodiazepines prolong delirium, attempt to avoid except in alcohol withdrawal, or in Parkinson's disease and DLB where haloperidol is contraindicated

Note 2: If benzodiazepine overdose give flumazenil 200 mcg IV over 15 seconds, then 100mcg every minute, usual response at 300-600 micrograms; maximum total dose 1mg.

Note 3: If acute dystonia give procyclidine IM 5-10mg (or 5mg IV) repeated if necessary after 20 minutes (max 20mg IM or 10mg IV)

Abbreviated Mental Test Score (AMTS)

1. What is your age (± 1 year)?
2. What is the time now (± 1 hour)?
3. What year is it?
4. Memorise an address (42 West Street)
5. When is your birthday (date and month)?
6. When did World War Two begin?
7. What is the Queen's name?
8. Can you recognise two people?
9. Can you count backwards from 20-1?
10. Can you recall the address I just gave you?

Confusion Assessment Method (CAM)
for diagnosing delirium

1. Acute onset and fluctuating course
2. Inattention (e.g. failure to count from 20-1)
3. Disorganised thinking
4. Altered levels of consciousness

The CAM is positive if both 1 and 2 are present, with at least one of 3 or 4.

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