Kaleidoscope of Care Strategies for Delirium, Dementia, Depression

Evidence of Delirium?
Memory changes:
- Fluctuating course
- Abrupt onset
- Inattention
- Disorganized thinking
- Altered consciousness

Evidence of Dementia?
Memory Impairment:
- Aphasia, apraxia, agnosia
- Alterations in executive functioning: planning, organization
- Decline in functioning

Evidence of Depression?
Vegetative changes such as:
- Sleep, nutrition
- Anhedonia
- Lack of eye contact
- Feelings of sadness/depression
- Vague physical symptoms
- Decrease in self care

Consultations/referrals
Physician, Team, Geriatrics, Medicine, Psychogeriatrics, Neurology, etc.

Non-pharmacological e.g.
- Counselling, clocks, calendars, orientation,
- warm drinks, family @ bedside, ↑ observation,
- listening time, volunteers, nutrition, maintain retained abilities

Pharmacological ≥ 5 meds., review profile!

Education: Staff, Clients & Families
Give brochure

Early Recognition / Prevention

Physiological Stability
Delirium W/U Alert
- Sats, TSH, K', Na., Ca., CBC, Infection?, HGB, glucose, BUN/creatinine ratio, CAT scan prn,
- Constipation? PAIN? Dehydration?

Environmental Support / Manipulation
- Lighting, ↑ noise, silent pagers,
- ambulation/ seating assessment & aids

Documentation
- Physician Delirium W/U Form
- CAM / Delirium Alert Form
- Report ADL’s mobility, mental status,
- mood & affect, changes from baseline

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Education: Staff, Clients & Families
Give brochure

Early Recognition / Prevention

Know the client/family
Monitor & Evaluate

Physiological Stability
Delirium W/U Alert
- Sats, TSH, K’, Na., Ca., CBC, Infection?, HGB, glucose, BUN/creatinine ratio, CAT scan prn,
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### Differences in Delirium, Dementia and/or Depression

<table>
<thead>
<tr>
<th>Feature</th>
<th>Delirium</th>
<th>Dementia</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Onset</strong></td>
<td>Acute, abrupt</td>
<td>Chronic, slow</td>
<td>Variable</td>
</tr>
<tr>
<td><strong>Course</strong></td>
<td>Short, fluctuating, often worse at night</td>
<td>Long, progressive yet stable over time</td>
<td>May change during the day &amp; often worse in the morning</td>
</tr>
<tr>
<td><strong>Attention Span</strong></td>
<td>Impaired, unfocused, distracted</td>
<td>Generally normal</td>
<td>Normal. Minimal impairment yet distractable</td>
</tr>
<tr>
<td><strong>Orientation</strong></td>
<td>Impaired, fluctuates within short time frames</td>
<td>↑ disorientation over time. May develop after months to years</td>
<td>Selectively intact: “I don’t know.”</td>
</tr>
<tr>
<td><strong>Sleep</strong></td>
<td>Disturbed (may have hour to hour variations)</td>
<td>Stable (may have day/night reversals)</td>
<td>May be too much or too little</td>
</tr>
<tr>
<td><strong>Level of Consciousness</strong></td>
<td>Altered, fluctuating</td>
<td>Not clouded until end stages</td>
<td>Stable unless sleeping too much or too little</td>
</tr>
<tr>
<td><strong>Thinking</strong></td>
<td>Disorganized, distorted, rambling</td>
<td>Need concrete instructions, poor judgements, ↓ problem-solving skills</td>
<td>Intact but with themes of hopelessness, helplessness</td>
</tr>
</tbody>
</table>

Abbreviated version adapted with permission from: D. Rossy (2005). Kaleidoscope of Cargiving Strategies