



## GERIATRIC EDUCATION SERIES DELIRIUM

# DELIRIUM CASE STUDY – MR. SMITH FACILITATOR’S GUIDE

**Goal:** To assist participants to develop a better understanding of how to recognize delirium.

**Supporting Documents for case study:**

- 1.2.1 Delirium Case Study
- 1.2.3 Completed CAM for Case Study
- 1.2.4 CAM TOH English and French
- 1.2.7 RNAO Delirium, Dementia, Depression Table

**Other Documents:**

- 1.2.5 GAOT Delirium Algorithm
- 1.2.6 Delirium Patient Guide (English and French)

### IDENTIFY, SCREEN, ASSESS

	Information from the Case	Additional Information	4. POSSIBLE STRATEGIES AND INTERVENTIONS
<b>1. WHAT’S GOING ON?</b>	Recent widower, lives alone, independent in ADLs at baseline, recent fall - #spine, hospitalization and surgery		Chart review Call family/collateral PCP
<b>2. WHAT ARE MR. SMITH’S RISK FACTORS FOR DELIRIUM?</b>	Age Pain History of cognitive decline Surgery Immobilization Unfamiliar environment Depression	? infection Sensory impairment Comorbidities Substance use Head injury Metabolic and electrolyte imbalances Medication review	Pain management Mobility Screen for depression, dementia Drugs?
<b>3. HOW TO ASSESS</b>	CAM tool	Depression Scale Pain Scale Bladder/bowel Sleep quality Nutrition/Hydration	Screen first for delirium - <u>In hospital</u> q shifts - <u>In community</u> screen 1st if concerned about dementia or depression because delirium is reversible

### INTERVENE

<b>4. STRATEGIES AND INTERVENTIONS</b>	<ul style="list-style-type: none"> <li>Provide orientation verbally and with environmental aids (e.g. signage, clock, calendar)</li> <li>Ensuring their hearing and vision is not impaired (use appropriate aids)</li> <li>Look for and treat infection</li> <li>Ensure proper nutrition and hydration</li> <li>Assess for and treat pain</li> <li>Promote high-quality sleep</li> <li>Regulate bowels, bladder</li> <li>Talk to the prescribing practitioner about whether or not the number of medications can be reduced or if high-risk medications can be altered or discontinued (e.g. psychoactive medications, sedatives, etc.)</li> <li>Mobilize</li> <li>Encourage family presence</li> <li>Teaching &amp; support family</li> <li>Pharmacological interventions when appropriate to manage agitation</li> <li>Screen routinely</li> </ul>
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### APPLY

**5. HOW WOULD  
YOU APPLY THIS  
TO YOUR WORK  
CONTEXT?**

- Ongoing screening?
- How do you get a client's baseline?
- How can this help you?

RGPEO