# Delirium Care Home Journey

UL Student Nurse: Hello there. Over the course of the next few videos, my colleagues and I are going to talk to you about how healthcare professionals work together to assess, manage and prevent delirium. To do this, we are going to discuss the case of a care home resident called Jane.

QUB Student Nurse: Jane is a resident of our care home. She has recently developed a urinary tract infection. A urinary tract infection is sometimes called a UTI, and this is a bacterial infection in the urinary system, which includes the bladder, urethra, and kidneys. UTIs can lead to delirium in older people, especially when a person is not eating or drinking well, frail, or has dementia, because the infection can disrupt normal bodily functions and lead to confusion and cognitive changes due to inflammation and toxins produced by the infection.

UL Student Nurse: When a care home nurse suspects a resident has developed a urinary tract infection (UTI), they should promptly contact the resident's general practitioner to assess and prescribe antibiotics if necessary. Additionally, the nurse should normally collect a urine sample for testing, administer antibiotics as prescribed, create a care plan to manage symptoms, closely monitor the resident's condition, and adjust the plan as needed. It is essential to prevent recurrence by promoting good hygiene and hydration, provide comfort to alleviate discomfort or confusion, and maintain clear communication with family members or caregivers to ensure the resident's well-being.

QUB Student Nurse: Now, back to thinking about Jane. In this scenario, we are going to think about Jane who has developed a UTI and is currently prescribed oral antibiotics to treat the infection. Jane is eating and drinking less than normal. She has also become more withdrawn. This may be a sign of hypoactive delirium.

UL Student Nurse: Hypoactive delirium in older people can often be triggered by a urinary tract infection. It can lead to several noticeable symptoms. These may include a sudden change in behaviour, for example becoming unusually quiet, withdrawn, or drowsy. The person might also have difficulty staying focused, become forgetful, or seem disoriented, not recognising familiar people or places. Additionally, they may move more slowly, struggle to express themselves, or appear uninterested in their surroundings.

QUB Student Nurse: That is where the 4AT test comes in. It is a tool we use to detect delirium. It is a reliant and straightforward screening tool that helps us quickly assess residents for signs of confusion or disorientation. Remember, delirium is a medical condition that causes a sudden change in the person’s behaviour, thinking, ability to function and understanding. If delirium is not treated, the person is at risk of falls, hospital admission and sometimes death.

UL Student Delirium: But when recognised and treated quickly, delirium is something that can be reversed. When I suspect delirium, I do not hesitate to discuss it with my colleagues and, importantly, within this care home setting, contact the resident’s GP.

QUB Medical Student: When a GP suspects that a resident in a care home may have hypoactive delirium, with symptoms like not eating, not drinking, and withdrawal, especially in the presence of an ongoing infection, their approach typically involves a comprehensive assessment of the resident's condition. They perform a medical examination to confirm the delirium's presence, initiate treatment by prescribing antibiotics to address the underlying

infection and may recommend medications or other interventions to manage delirium symptoms. The GP closely monitors the resident's progress and adjusts the treatment plan as needed while keeping the care home staff and family members informed. The goal is to simultaneously treat the infection and alleviate the delirium symptoms, improving the resident's overall well-being.

QUB Student Nurse: Collaborating with the GP is essential. We need their expertise to evaluate and manage the resident's condition. Delirium can worsen rapidly, so early intervention is key.

UL Student Nurse: Our role is not just about performing tasks; it is about advocating for our residents' well-being and ensuring they receive the right care at the right time. By working together and being vigilant, we can make a real difference in the lives of those we care for.

QUB Student Nurse: Unfortunately, Jane has not gotten any better and has been sent to hospital from the care home. Her first part of the hospital journey takes place at the emergency department.

UL Student Nurse: Jane is exhibiting classic signs of delirium. She is confused, agitated, and distressed. These are signs of hyperactive delirium. Hyperactive delirium is when someone becomes restless, agitated, and might hallucinate or act strangely because their brain is not working correctly, often due to an illness or medication. It can be scary and confusing for them, and they need special care and treatment to help them get better. In Jane’s case, she has experienced hypoactive delirium at her care home and hyperactive delirium at the emergency department.

QUB Student Pharmacist: In this example, Jane has something called mixed delirium. Mixed delirium is when a person goes through periods of being both hyperactive, for example agitated and restless, and then hypoactive, for example withdrawn and drowsy. The first important step in Jane’s care is that all staff must aim to create a quiet and calming environment. This is because delirium can be daunting, and we want to minimise stress. Reorienting Jane to the time and place is also crucial, so she does not feel completely disoriented.

QUB Student Doctor: Once Jane has been settled into her environment, the next step is to perform a thorough assessment. Jane's symptoms might be related to her urinary tract infection. We start with vital signs, a detailed history, and a physical examination. We will also order blood work and diagnostic tests to rule out other underlying issues. If she has medication that could contribute to delirium, we will talk to our colleagues in pharmacy and adjust as needed.

QUB Student Pharmacist: Medications can play a significant role in delirium.
In the emergency department while assessing delirium in patients like Jane, medication review is a vital step. The pharmacist collaborates with the healthcare team to carefully assess and adjust medications. This may involve reducing or discontinuing sedatives, benzodiazepines, or anticholinergic medications, as these can worsen delirium. For patients on multiple medications, simplification of the regimen is considered to reduce the risk of side effects and interactions. In cases where infection, like a UTI, is a potential cause, the pharmacist ensures the initiation or adjustment of appropriate antibiotics. They also address pain management with analgesics and provide antiemetics if needed. The pharmacist closely monitors the patient's response to these changes, considering individual needs and comorbidities to ensure that the medication adjustments support the patient's recovery while minimising delirium-related concerns.

QUB Student Nurse: After the adjustments, we will ensure Jane stays comfortable. Hydration is essential, and we will provide support in a calming, reorienting environment. It might take some time, but we are here to reassure her, so she knows we are in this together. Delirium is challenging, but it is usually treatable, especially when we work as a team across different specialties.

QUB Student Pharmacist: Jane has now moved from the emergency department to a medical ward at the hospital.

UL Allied Health Student: Managing delirium in older patients is a multidisciplinary endeavour that necessitates careful attention to several key components. We must ensure patients' orientation, which includes providing Jane with glasses and her hearing aid. This step is crucial to maintaining connection with the world around them.

QUB Student Doctor: Additionally, promoting sleep hygiene is essential to minimise sleep deprivation for Jane. This involves avoiding disruptions, such as late-night blood pressure checks, and creating a quieter, more conducive environment for rest. However, we usually try to avoid the use of sleeping tablets, as they can increase the risk of delirium.

UL Allied Health: Early mobilisation is a fundamental aspect of care for delirium prevention. Encouraging physical activity as soon as possible is vital for Jane. Even if patients are unwell, it is important to start mobilising as it helps maintain their strength and mobility. Moreover, pain control plays a pivotal role, as untreated pain can exacerbate delirium.

QUB Student Nurse: Maintaining optimal hydration and nutrition is paramount for Jane given her presentation at the emergency department. Adequate hydration is necessary to support overall bodily functions, including those of the brain. Dehydration can lead to cognitive impairment, exacerbating the symptoms of delirium. Furthermore, proper nutrition ensures that the body receives essential nutrients, including vitamins and minerals, which are vital for cognitive function and overall health. Therefore, ensuring that patients receive sufficient fluids and nutrients can aid in reducing the duration and severity of delirium episodes and facilitate a smoother path to recovery, ultimately improving their overall well-being.

UL Student Nurse: Regulation of bladder and bowel function is another key element of care, ensuring that Jane’s physiological needs are met. If appropriate, supplementary oxygen could also be provided if needed.

QUB Student Pharmacist: All patients at risk of delirium should undergo a thorough medication review conducted with input from pharmacy and Jane is no different. This step is vital in identifying and modifying medications that may contribute to delirium.

QUB Student Doctor: When supporting patients like Jane who have delirium, healthcare professionals should adhere to established pathways of good care. Our approach begins by considering acute, life-threatening causes of delirium, including low oxygen levels, low blood pressure, low glucose levels, and drug intoxication or withdrawal. In Jane’s case, we would aim to treat her UTI and support her to attain better levels of hydration and nutrition.

UL Allied Health: We work as a multidisciplinary team to systematically identify and treat potential causes of delirium, recognising that multiple causes are common. Our goal is to optimise patients' physiology, manage concurrent conditions, create an environment that reduces noise, adjust medications, and promote natural sleep to facilitate brain recovery.

QUB Student Nurse: As you have heard, we prioritise non-pharmacological approaches for delirium care in all our patients. Orientation, sensory support, promoting sleep, early

mobilisation, pain control, hydration, nutrition, bladder care, bowel care and supplementary oxygen are all things that can help someone like Jane to recover from delirium.

QUB Student Pharmacist: When delirium is causing harm however, the healthcare team might also use medicines. The most common medications to use in delirium care are antipsychotics, but their effectiveness varies. Some studies suggest newer antipsychotics work better, while others disagree. Benzodiazepines are also used for certain types of delirium.

QUB Student Pharmacist: A benzodiazepine is a medication that helps people relax and can be used to treat anxiety or help with sleep. It is like a gentle sedative. An antipsychotic medication is used to manage conditions like schizophrenia or bipolar disorder, helping to control symptoms like hallucinations, delusions, or severe mood swings.

QUB Student Doctor: Benzodiazepines and antipsychotics may be helpful for delirium in some cases because they can help calm agitation, reduce confusion, and manage disruptive behaviours in patients. They should however be used with caution because they can have side effects for patients like drowsiness, increased risk of falls and worsening of confusion. It is important to work as a multidisciplinary team to weigh the benefits and risks carefully. Medications to manage delirium should only be used when other non-drug approaches have been considered or if the patient's safety is at risk.

UL Student Nurse: In Jane's case, we will aim to provide non-pharmacological support and antibiotic therapy in the first instance. Re-evaluation of Jane's delirium care is crucial because delirium is a dynamic condition. It can have multiple causes, and its severity can change over time. Regular re-evaluation helps healthcare providers identify and address new factors contributing to delirium, adjust the treatment plan as needed, and monitor the patient's progress toward recovery, ensuring the most appropriate care and support.

UL Allied Health Student: Jane has recovered from her UTI and is no longer experiencing symptoms of delirium. She has returned to the care home. While she is doing much better physically, she has been quite upset when recalling her experiences of delirium.

SIM Patient: I felt in constant danger. I thought I was being hunted down and tortured. Slowly but surely, I descended into this land of...well it was different. All types of weird things were going on in my head. The whole thing was quite terrifying, but I remember speaking to my family on the phone to tell them there was a bomb going to go off. I was firmly convinced this was going to happen. I know everything turned out to be okay, but I still cannot shake the feeling of sadness and fear.

QUB Student Nurse: Jane's recovery from UTI and delirium is positive in terms of her physical health, but her emotional and psychological well-being needs support. The staff should offer Jane emotional and psychological care, including reassurance, active listening, and empathetic support. Jane's experience during her delirium, as she described, was distressing, filled with fear, hallucinations, and paranoia. Her feelings of constant danger, being hunted down, and tortured are deeply troubling.

UL Student Nurse: To help her cope and recover from this traumatic experience, staff should provide a safe and reassuring environment, actively listen to her recollections, validate her feelings, educate her about delirium, offer reassurance, provide emotional support, and encourage social connection. Recovery from such a distressing episode can take time, and by offering emotional and psychological support, the staff can help Jane navigate her feelings of sadness and fear, aiding in her overall well-being and psychological recovery.

QUB Student Doctor: Delirium is a condition often overlooked, even by healthcare professionals. The 'quiet' subtype of delirium, where patients appear drowsy and disoriented, can be particularly challenging to detect as was the case of Jane. That is precisely why it is essential to maintain a cohesive healthcare team with intimate knowledge of the person. People who know the person will be more likely to notice an acute change caused by delirium.

UL Allied Health Student: Delirium prevention is important for Jane in the future. There are many things that healthcare professionals can do to enhance delirium prevention in all care settings. For Jane in her care home, it is important to ensure proper lighting and clear signage. Visible clocks, calendars, and regular human interaction are also important.

QUB Student Doctor: As we have seen, dehydration and constipation can be significant contributing factors to delirium. Encouraging adequate fluid intake through regular hydration is pivotal. Depending on the person's medical history, it may also be important to monitor for hypoxia and provide oxygen therapy if necessary. Infections can also cause and exacerbate delirium as we saw with Jane. Healthcare professional teams need to be vigilant in identifying and treating them. We should also avoid unnecessary catheterization and adhere to stringent infection control protocols.

UL Student Allied Health Professional: We understand that immobility can worsen delirium, so we encourage mobilisation. Providing suitable walking aids is part of our delirium prevention strategy. Pain assessment and management are also integral. We remain attuned to non-verbal signs of pain, especially in patients with communication challenges. Unmet pain needs are one of the main causes of delirium.

QUB Student Pharmacist: Medication reviews are a central component of our approach to prevent delirium, particularly for those taking multiple medications. In some instances, taking a lot of medications may contribute to delirium. In addition to this, proper nutrition, addressing sensory impairments, and promoting adequate sleep patterns and hygiene are crucial for minimizing the risk of delirium.

UL Allied Health Student: The prevention and management of delirium in healthcare settings require a collaborative effort among doctors, nurses, pharmacists, allied health professionals, and the entire healthcare team. By working together and implementing evidence-based strategies, these professionals can enhance patient outcomes, reduce the burden of delirium, and ensure the overall well-being of those in their care. Interdisciplinary teamwork is essential to address the multifaceted nature of delirium and provide comprehensive, patient-centred care, underlining the importance of a united healthcare approach to delirium prevention.