

# Think Delirium

Barts Health  
NHS Trust



Delirium can be prevented and treated: use the 3Rs

## Risk assess

- Age 75+
- Cognitive impairment
- Sensory impairment
- Previous delirium
- Trauma
- Concurrent illness
- Pain
- Infection

## Recognise

Change of fluctuation in:

- cognitive function
- behaviour
- perception
- physical function
- social behaviour

**Use 4AT overleaf to  
assess for delirium**

## React

- Treat underlying cause
- Review medications
- Explain delirium to patient and family
- A medical emergency
- Optimise environment
- Avoid bed moves
- Physical and sensory needs
- Nutrition and hydration



# 4AT

## 1. Alertness

Normal (fully alert, not agitated throughout assessment).....	0
Mild sleepiness for <10 seconds after waking, then normal.....	0
Clearly abnormal.....	4

## 2. AMT4

Age, DOB, place (name of hospital or building), current year	
No mistakes.....	0
One mistake.....	1
Two or more mistakes/ untestable.....	2

## 4AT scoring

**4 or above:** possible delirium +/- cognitive impairment

**1-3:** possible cognitive impairment

**0:** delirium or severe cognitive impairment unlikely (but delirium still possible if [4] information incomplete)

## 3. Attention (months of the year backwards)

Achieves 7 or more correctly.....	0
Starts but scores <7 months/ refuses to start.....	1
Untestable (cannot start because unwell, drowsy, inattentive).....	2

## 4. Acute change or fluctuating course

Evidence of significant change or fluctuation in : alertness, cognition, other mental function (e.g. paranoia, hallucinations) arising over the last two weeks and still evident in last 24hrs	
No.....	0
Yes.....	4

# Pharmacological management

**ONLY** if non-pharmacological measures have not worked and patient is a risk to themselves and/or others.

- Refer to Trust delirium guidelines
- Seek advice from DAD team or RAID team
- In the absence of parkinsonism stat Haloperidol 0.5mg orally (up to two hourly). A maximum dosage of 5mg [orally or IM] in 24 hours
- Olanzapine 2.5-5mg orally two hourly, daily max 20mg (10mg in elderly)
- Limited role for benzodiazepine in treatment (when antipsychotics are contraindicated, in benzodiazepine withdrawal, and in alcohol withdrawal)
- ALL medication must be reviewed every 24 hours