DELIRIUM IN THE ELDERLY

CREATED BY STRATA5.CO.UK

DATA SOURCE
WWW.RCEMLEARNING.CO.UK

RISK FACTORS

- OLD AGE
- SEVERE ILLNESS
- DEMENTIA
- PHYSICAL FRAILTY
- ADMISSION WITH INFECTION OR DEHYDRATION
- VISUAL IMPAIRMENT
- POLYPHARMACY
- SURGERY (E.G. NOF)
- ALCOHOL EXCESS
- RENAL IMPAIRMENT

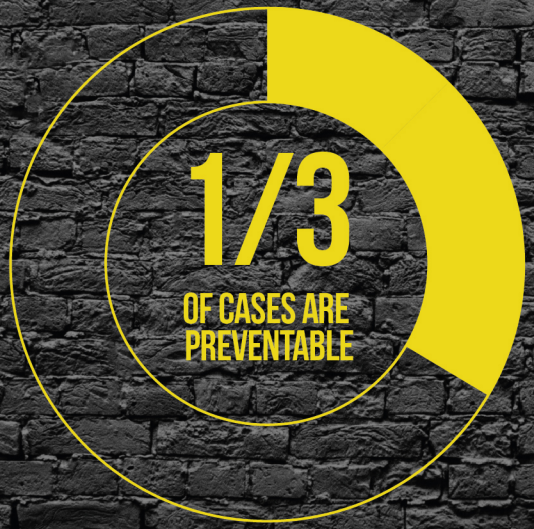
PRECIPITATING FACTORS

- IMMOBILITY
- USE OF PHYSICAL RESTRAINT
- USE OF BLADDER CATHETER
- IATROGENIC EVENTS
- MALNUTRITION
- PSYCHOACTIVE MEDICATIONS
- INTERCURRENT ILLNESS
- DEHYDRATION

DELIRIUM (ACUTE CONFUSIONAL STATE) IS COMMON IN HOSPITAL MEDICINE. IN THE ELDERLY, THE PREVALENCE OF DELIRIUM RANGES FROM 11%-42%

PATIENTS WITH DELIRIUM HAVE:

- INCREASED LENGTH OF HOSPITAL STAY
- HIGHER MORTALITY



THE KEY FEATURES OF DELIRIUM ARE:

- RECENT ONSET OF FLUCTUATING AWARENESS
- IMPAIRMENT OF MEMORY AND ATTENTION
- DISORGANISED THINKING

THE MNEMONIC SMASHED IS A USEFUL AIDE MEMOIR WHEN ASSESSING THE POSSIBLE CAUSES OR PRECIPITANTS OF ACUTE CONFUSION:

S SUBSTRATES: HYPERGLYCAEMIA, HYPOGLYCAEMIA, THIAMINE, SEPSIS

M MENINGITIS AND OTHER CNS INFECTIONS
MENTAL ILLNESS, FUNCTIONAL PSYCHOSES

A ALCOHOL INTOXICATION OR WITHDRAWAL

S SEIZURES: SEIZURE ACTIVITY, POST-ICTAL STATES, STIMULANTS: ANTICHOLINERGICS, HALLUCINOGENS, COCAINE

H HYPER: HYPERTHYROIDISM, HYPERTHERMIA, HYPERCARBIA, HYPO: HYPOTHYROIDISM, HYPOTHERMIA, HYPOXIA, HYPOTENSION

E ELECTROLYTES: HYPERNATRAEMIA, HYPONATRAEMIA, HYPERCALCAEMIA
ENCEPHALOPATHY: HEPATIC, URAEMIC, HYPERTENSIVE, OTHERS

D DRUGS OF ANY SORT

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