DELIRIUM CARE PATHWAYS

Consider for use if aged over 65 years or 45 or older for Aboriginal and Torres Strait Islander Communities (ATSI)

Delirium may be a life threatening and potentially reversible condition

Preventative Strategies for Delirium

Has the patient/client been identified as potentially suffering from delirium?

Yes

1. Conduct baseline cognitive function assessments

Does patient/client have a cognitive impairment?

Yes

Include in care plan
- Prevention
- Screen at regular intervals for change in cognitive function
- Risk factor assessment and management

No

2. Determine any changes in cognitive function

Has there been a recent change in cognitive function?

Yes

Differential diagnosis (refer to Poole’s Algorithm)

No

3. Assess for Delirium

Does patient have a confirmed diagnosis of delirium?

Yes

Adapt care plan
- Consider who is consenting to care
- Identify and address causes
- Manage symptoms
- Pharmacological management
- Provide supportive care
- Prevent complications
- Monitor resolution following facility guidelines
- Manage modifiable risk factors
- Educate patient and family, give facility pamphlet
- Consider use of interpreter
- Refer to advanced care plan

No

4. Consider subclinical delirium

Does patient/client have some symptoms of delirium?

Yes

No

5. Monitor and respond to any sudden changes in cognitive function by repeating pathway

Adapted from: Clinical Epidemiology and Health Services Evaluation Unit 2006, Clinical Practice Guidelines for the Management of Delirium in Older People, Victorian Government Department of Human Services, Melbourne, Victoria.

www.ahmac.gov.au

All information in this publication is correct as of August 2011.