Guidance on Content of Delirium Policies

Improving quality of care

Authors: Improving Quality of Care Working Group, London Dementia Strategic Clinical Leadership Group

May 2015

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Updates</th>
<th>By</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>06/2015</td>
<td>Disseminated</td>
<td>Improving quality of care group</td>
</tr>
<tr>
<td>0.2</td>
<td>05/2016</td>
<td>Review</td>
<td>London Dementia SCN</td>
</tr>
</tbody>
</table>
Guide to Content of Delirium Policies

1. Why have a policy?

Delirium is linked to an increased length of stay, increased risk of falls, increased likelihood of death, an increased number of complaints and a huge burden on nursing services. There are also significant cost implications to organisations.

2. Who should have a delirium policy?

Delirium can occur in all settings but the individual policy should relate to the specific situation.

Key content areas:

1. Define delirium as an acute medical emergency of the brain and specifically describe hyper and hypoactive delirium.
2. Describe the difference between delirium and dementia.
3. Recognition of those at most risk of delirium by creating a list of risk factors.
4. Acknowledgement that delirium may have multiple causes, all of which require treatment.
5. Interventions to reduce chances of delirium occurring. In particular consider dehydration, constipation, hypoxia, infection, multiple medications, pain, poor nutrition, sensory impairment and sleep disturbance.
6. If risk factors are present, consider frequency of observations for indicators of delirium.
7. Assess and diagnose delirium when indicators are present using recognised tools (e.g. CAM, CAM-I, 4AT).
8. When delirium is present, list areas which need to be considered (e.g. communication, environment, physical needs, medication review).
9. Recognition that dementia commonly underlies delirium and that delirium is a risk factor for increased distress, accelerating a person's dementia and mortality.
10. Detail the best practice for providing one-to-one care for people with delirium who also have dementia (e.g. an experienced trained member of staff and clarity about what they are to record and monitor). Make an assessment for a possible deprivation of liberty and implement safeguards if needed.
11. Include importance of involving families and carers in supporting a person with delirium.
12. Include easy-to-use pathways. Pathways should have specific trigger points for action and include contact details for relevant teams.
13. Provide an information leaflet or directions on how to find information (e.g. website for patients and relatives).
14. Include details for follow up arrangements, particularly reviewing their cognitive function.
15. Ensure that the diagnosis of delirium is communicated to the GP and any involved community services with advice on how to meet the needs of the person with delirium.
16. Consider commissioning a post delirium package of care.
3. How to embed policy into practice

- Have a delirium policy
- Ensure there is a system in place to recognise and respond to delirium
- Have a nominated delirium lead who is responsible for the pathway
- Embed the policy into the organisational structure
- Monitor the response to the policy (number of cases detected)
- Delirium training should be provided to staff (the local LETB or HEE should be able to assist)
- Communication with social care for an integrated post delirium package of care to help avoid institutionalisation

4. Resources

**NICE delirium resources** include the following:

- delirium admission assessment template
- delirium prevention care plan template
- delirium pathways and support for commissioning
- delirium training slides (under tools and resources)
- examples of best practice pathways

NICE (2010) *Delirium: Diagnosis, prevention and management: Full guidance*

Health Improvement Scotland (2014) *Think Delirium: Delirium Management Toolkit*

**Examples of information available:**

- **Helpful tips for relatives when their relative has delirium** – Lewisham and Greenwich NHS Trust
- **Key principles for one to one support for a person with delirium** – Dementia Strategic Clinical Network
- **Understanding delirium** - Imperial College Healthcare NHS Trust
- **Information sheet on managing delirium** – Imperial College Healthcare NHS Trust
- **Guidance on sudden confusion after an operation** – Imperial College Healthcare NHS Trust

5. Evidence

**NICE CG103** outlines the cost savings of detecting and treating delirium early and the benefit of service redevelopment towards integrated whole system service for people with dementia


**Guidelines for the prevention, diagnosis and management of delirium in older people in hospital** produced by the British Geriatrics Society

**Social Care Institute for Excellence guidance**