Patient Resource Guide: Delirium

INTRODUCTION

Delirium, defined as a change in attention, awareness, or behavior, can be an alarming and distressing experience for both the patient and the caregiver(s). Delirium can be challenging to manage because it can result from a number of causes. Understanding recent changes the patient has experienced can be an essential part to determining an effective solution.

IDENTIFYING DELIRIUM IN THE HOSPICE SETTING

While delirium may look different from one patient to another, the three most common types experienced by hospice patients are:

- *Hyperactive form*: patient appears withdrawn, agitated or aggressive
- *Hypoactive form*: patient appears as sluggish with reduced physical activity
- *Mixed form*: patient experiences normal level of psychomotor activity or rapid switching between forms during the day or even during the episode

TREATING DELIRIUM IN THE HOSPICE SETTING

One of the most effective strategies to address delirium is to identify the contributing cause and make efforts to address any reversible causes. These may include:

Addressing Reversible Causes of Delirium
Opioid-induced symptoms
Talk to the hospice nurse or representative if changes in behavior noticed after starting a pain medication or changing the dose.
Stopping all unnecessary and contributing medications
Review med list and wean/discontinue offending medications, such as anticholinergics
Environmental changes
Whenever possible, limit changes to patient's surroundings. When unavoidable, be sure to surround patient with familiar items and attempt to keep similar schedule if possible

In addition to these causes, recommend attempting the following non-medication based interventions to help reduce the risk, or limit symptoms of delirium:

Non-Medication Treatment Options for Delirium Management
Orienting Activities
1. Be sure patients use their glasses, hearing aids, etc, to decrease confusion and promote better communication 2. Engage patient in mentally stimulating activities 3. Provide familiar materials to help with awareness of time, date, location and people in contact 4. Ensure individuals identify themselves each time they encounter the patient, even if only minutes apart 5. Use family or familiar volunteers as constant companions to help reassure and reorient
Stimulation
1. Limit number of people interacting with patient 2. Provide adequate soft lighting so patients can see without being overstimulated by bright lights 3. Limit stimulation whenever possible (loud music, TV) 4. Encourage medical staff to sit when engaging with patient
Nutrition
1. Ensure patients have good nutrition and an effective bowel and bladder management strategy 2. Monitor fluid intake; rehydrate with oral fluids containing salt, for example, soups, sport drinks, red vegetable juices, when necessary, infuse fluids subcutaneously rather than intravenously
Comfort
1. Ensure optimal symptom management as constipation and uncontrolled pain can result in delirium 2. Avoid physical restraints unless needed as a last resort to temporarily ensure the safety of both staff and a severely agitated and not redirectable patient and only until less restrictive interventions are possible 3. Provide warm milk, massage, warm blankets, and relaxation tapes to optimize sleep hygiene and minimize sleep disturbances

Despite best efforts, some patients may continue to experience symptoms of delirium. If this occurs, work with the hospice team to determine a safe and effective medication plan for the patient. Commonly used medications for this scenario include:

Medications for Delirium			
Typical Antipsychotics			
Medication	**Indications**		**Dosing**
Haloperidol	▪ Most commonly used ▪ Hyperactive delirium	▪ Hypoactive delirium ▪ Titrate for response	0.5-1mg PO/SL Administer q2-4 hours prn, titrate to effect
Risperidone	▪ Less risk of EPS	▪ Better for long-term use	0.25-0.5mg BID-TID, titrate to effect up to 6mg/day
Atypical Antipsychotics			
Medication	**Indications**		**Dosing**
Olanzapine	▪ Less risk of EPS	▪ Well tolerated	1.25-5mg daily to BID
Quetiapine	▪ Hallucinations	▪ Night-time sedation	12.5-200mg/day in a single dose or divided
Mood Stabilizer			
Medication	**Indications**		**Dosing**
Valproic Acid	▪ Mood and behavior fluctuations ▪ Disinhibited behaviors (aggression, sexual)		125-250mg q12h; titrate to effect Max dose: 1000mg/day

Delirium can be a scary symptom to address, but utilizing the strategies above can help optimize patient comfort and safety

