



HOT TIP
Feb 2022

Northern Health Palliative Care

Managing Delirium in Patients with Advanced Illness

Delirium is a syndrome of **abrupt** onset and **fluctuating** disturbance in attention and awareness that is a decline from baseline status. It is typified by cognitive dysfunction along with changes in psychomotor behavior, mood and sleep-wake cycle.

Step 1: Goals of Care Conversations

- Determine goals of care in conversation with the patient, family and interdisciplinary team.
- Remember that goals of care may change over time and need to be reconsidered at times of transition.

Step 2: Assessment

- Identify predisposing factors such as age > 65, dementia, visual or hearing impairment, immobility, functional dependence, malnutrition, substance use, multiple chronic comorbidities and/or multiple medications.
- Screen high-risk patients routinely using the [Confusion Assessment Method \(10-500-5014\)](#).
- If in line with goals of care, diagnostics may include bloodwork (CBC, electrolytes, calcium, albumin, glucose, renal, liver and thyroid function), urinalysis, chest x-ray, ECG, blood cultures or brain imaging.

Step 3: Identify and Treat Underlying Causes

- Common causes are often **multifactorial**.
- May include infection, metabolic disturbance, hypoxia, organ failure, medications, withdrawal from alcohol or illicit drugs, pain, constipation, dehydration, retention, sleep deprivation, new environments.

Step 4: Symptom Management

- Non-Pharmacological Interventions: Promote one-to-one observation to maintain safety and reduce fear, prevent over-stimulation, avoid physical restraints, encourage adequate hydration and sleep.
- Pharmacological Interventions for moderate/severe delirium:
 - First Line: haloperidol 0.5-2mg PO/SC q1h PRN up to three doses until calming occurs.
 - Second Line: methotrimeprazine 12.5-25mg SC q1h PRN up to three doses until calming occurs.
 - Regular dosing may be required for ongoing management of symptoms.

Step 5: Patient and Family Education

- Provide anticipatory guidance on what to expect.
- Provide guidance on how to interact with patient: gentle reassurance, calm voice.
- Explain that delirium symptoms are due to illness, are common and can fluctuate.
- Explain that delirium is less likely to be reversed near end of life.

Reference: B.C. Inter-professional Palliative Symptom Management Guidelines, December 2017