PRCP psychogeriatric resource consultation program of toronto

Ontario Partnership on Aging & Developmental Disabilities

BYTES AND BITES ON DELIRIUM

A communique by the Toronto Partnership on Aging and Developmental Disabilities for Care Providers of Aging Adults with Developmental Disabilities

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Delirium is a medical emergency characterized by:

1. Acute and fluctuating change in mental status
2. Disorganized thinking
3. Disturbance in attention
4. Altered level of consciousness

Some Causes of Delirium

- Infection: urinary tract, respiratory, flu etc.
- Changes in medications or side effects from new medications
- Acute changes in blood sugar levels
- Change in thyroid function
- Cardiac issues such as a heart attack
- Strokes

Signs of a Potential Delirium

- Increased agitation or aggression
- Seeing or hearing things that are not there
- Client appears more confused and easily distractible
- May have a hard time keeping up with a conversation
- If experiencing a hypodelirium, client may appear sluggish, less responsive, quieter than usual
- Unable to complete tasks they had been able to do routinely, e.g. washing dishes, helping with the laundry, climbing or descending stairs
- Ability to communicate (express and understand) appears to deteriorate

The sudden change in mental status due to a delirium, usually occurs over a period of 24-72 hours. It is an indication that the person is experiencing physical health changes which are so severe, they are impacting the individual's mental function.

What to do?

- Review your observations with the team immediately
- Refer the client to the physician
- Assist with the medical assessment, e.g. collecting urine
- Observe and document changes to enhance communication with care providers

If you have any suggestions for upcoming TPADD Bytes and Bites topics or feedback on this month's issue, contact us at: gbolante@reena.org

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