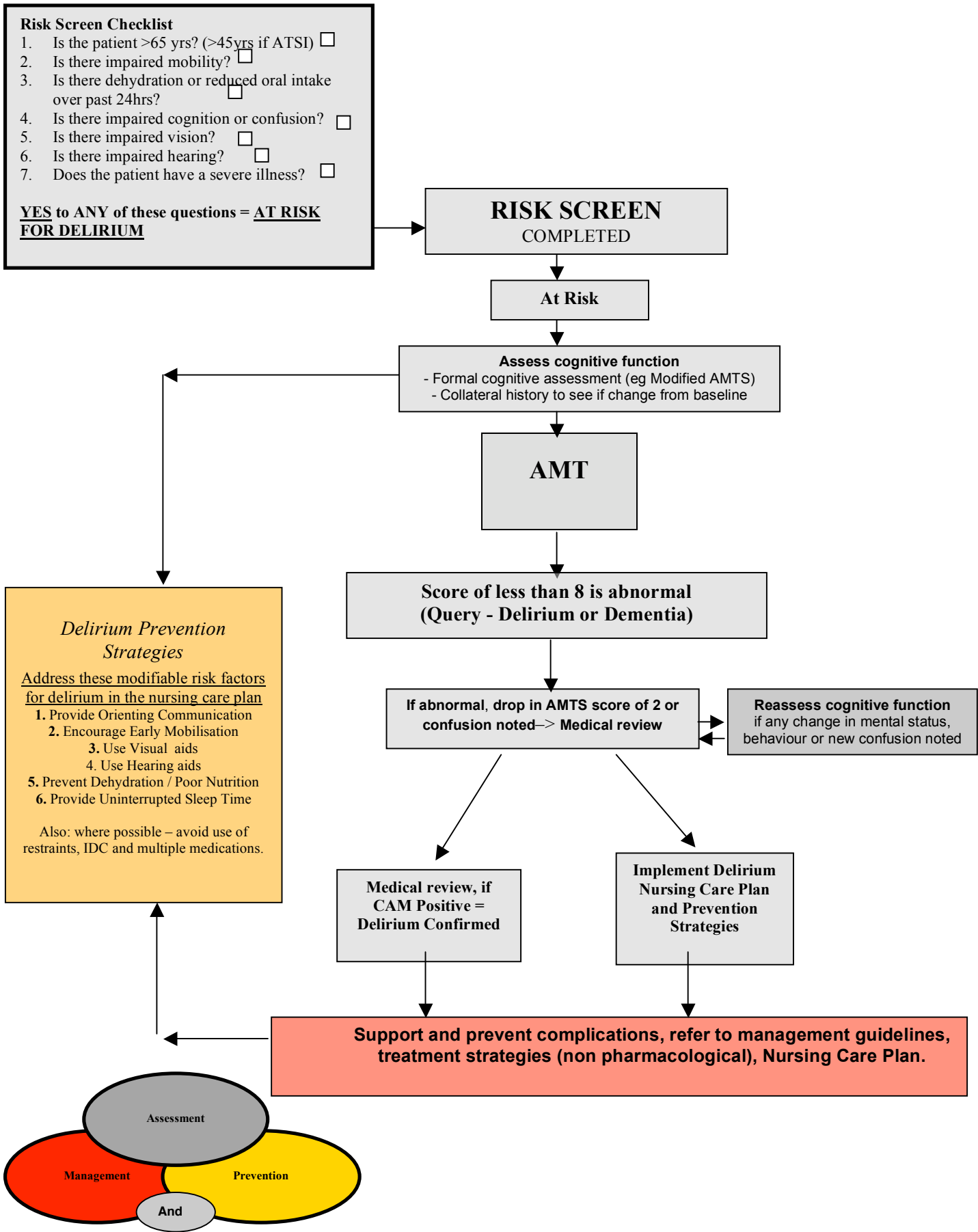


A MAP of Delirium – Nursing care pathway



Prevention of delirium refers to strategies that can effectively reduce the incidence of delirium, and ultimately improve health outcomes such as morbidity and mortality in older people at risk of delirium.

<p style="text-align: center;">Address risk factors</p> <div style="border: 1px solid black; padding: 5px;"> <p>Other causes: Overstimulating environment (ICU, new environment, disturbed night); Surgery / anaesthetic – (one third of hip # patients pre-op & another third post-op); Malnutrition; Sleep deprivation; physical restraints; Addition of 3 or more medications; Immobilisation; urinary retention.</p> </div>	<ul style="list-style-type: none"> ➤ Age ≥ 65 years (≥ 45 years for Aboriginal people) ➤ Pre existing cognitive impairment – including dementia ➤ Visual impairment ➤ Hearing impairment ➤ Dehydration or reduced oral intake over past 24hrs ➤ Impaired mobility (in or out of bed) ➤ Severe illness – eg pneumonia, MI, UTI, stroke, brain tumour.
<p style="text-align: center;">Provide orienting communication (Standard Nursing Care Plan – COGNITION)</p>	<ul style="list-style-type: none"> ➤ Establish baseline cognition – discuss with family and carers ➤ Lighting appropriate to time of day / night ➤ Provision of clock and calendar (if possible) ➤ Provision of TV / Radio ➤ Encourage family / carers to bring in patient's personal and familiar objects (photographs etc) ➤ Encourage family members / carers to visit ➤ Staff caring for people with delirium should establish a communication strategy that incorporates elements of both reality orientation and validation techniques ➤ Provide orienting information including name and role of staff members at each encounter ➤ Word games – eg 'I Spy' ➤ Sorting games – eg jigsaw puzzles. ➤ If English not the primary language and / or ATSI – interpreter / relative ➤ Consult Occupational Therapist – if appropriate
<p style="text-align: center;">Encourage early mobilisation (Standard Nursing Care Plan – Mobility)</p>	<ul style="list-style-type: none"> ➤ Encourage and assist with regular mobilisation ➤ Position mobility aid, call bell and phone within easy reach of patient ➤ Discuss patient's needs with physiotherapist and update functional indicator board / mobility charts if used ➤ Clear bed area of clutter ➤ Review bedrails as required ➤ Review aids that restrict mobility
<p style="text-align: center;">Use visual and hearing aids (Standard Nursing Care Plan – COGNITION)</p>	<ul style="list-style-type: none"> ➤ Ensure that patients who usually wear hearing and visual aids are assisted to use them ➤ Ensure visual aids fit well and in good working order (spectacles, magnifying glasses) ➤ Provide access to a radio for 'Information Radio' 990AM for visually impaired ➤ Ensure hearing aid(s) fit well and in good working order ➤ Review ear wax and report as required ➤ Ensure a 'Hearing Amplifier' is accessible for communication if required ➤ Provide pen and paper for hearing impaired with speech impairment ➤ Consult Speech Pathologist – if appropriate
<p style="text-align: center;">Prevent dehydration and poor nutrition (Standard Nursing Care Plan – DIET/HYDRATION/SKIN INTEGRITY)</p>	<ul style="list-style-type: none"> ➤ Early recognition of dehydration and volume depletion with encouragement of oral fluids ➤ Preparative hydration – IV fluids ➤ Encourage/assist with eating and drinking to ensure adequate intake ➤ Ensure aids are present and well-fitting – eg dentures ➤ Provide tooth brush and paste as required ➤ Consult Dietitian – if appropriate
<p style="text-align: center;">Provide uninterrupted sleep time (Standard Nursing Care Plan – COMFORT)</p>	<ul style="list-style-type: none"> ➤ Quiet environment especially at night ➤ Promote relaxation and sufficient sleep ➤ Natural light / night light where possible ➤ Reduce noise – quiet environment ➤ Discourage daytime naps if possible
<p style="text-align: center;">Avoid psychoactive drugs</p>	<ul style="list-style-type: none"> ➤ Nonpharmacological interventions as above ➤ Medication review
<p style="text-align: center;">Other Strategies</p>	<ul style="list-style-type: none"> ➤ Avoid room changes where possible ➤ Regulation of bowel function – avoid constipation ➤ Encourage independence in basic ADLs ➤ Manage discomfort or pain

