

St Joseph's Mercy Hospice
Recognition & Management of Delirium

Occurs in up to 85% patients dying with cancer

DELIRIUM - DSM 1V diagnostic criteria

Altered conscious state or impaired attention

Altered cognition (memory deficit, disorientation,
language or perception disturbances)

Recent onset and fluctuation during day

Medical cause (from history, examination or lab tests)

DIAGNOSIS – Confusion Assessment Method (CAM)

Brief - sensitivity of 94% & specificity of 90%

1. Acute onset & fluctuating course

- Evidence of acute change in mental status from baseline
- Abnormal behaviour fluctuating during the day

2. Inattention

- Difficulty focussing attention, easily distractable,
- difficulty keeping track of conversation

3. Disorganised thinking

- Disorganised rambling or incoherent conversation
- Unclear or illogical flow of ideas
- Unpredictable switching from subject to subject

4. Altered level of consciousness

Diagnosis requires presence of 1 & 2 and 3 or 4

Recognise & treat reversible causes (<50%)

Infection - UTI, chest infection

Drugs - Morphine, anticholinergics, sedatives, steroids

Metabolic cause- hypercalcaemia, liver failure

Dehydration

Hypoxia

Alcohol/drug withdrawal

Management of Delirium

Ensure safety of patient and others

Provide constancy in environment

- Quiet room - subdued lighting
- Familiar objects & people
- Few interruptions
- Repeated reassurances and explanations
- Simple, respectful communications

Drug Treatment

Haloperidol the "gold standard"

Benzodiazepines if sedation is needed or

if alcohol or benzodiazepine withdrawal possible factor

Use of Haloperidol

Acute delirium

Haloperidol 2.5 – 5 mg po/sc - can be repeated hrly till

Settled (Typical acute dose 20 mg/24 hrs)

Maintenance dose 50% dose required in first 24 hrs

If sedation required for hyperactive agitated patient

Midazolam 2.5 – 5 mg – can be repeated hrly

Both Haloperidol & Midazolam can be used in Graseby
syringe driver

Typical dose ranges are

Haloperidol 5 – 20 mg per 24 hrs

Midazolam 15 – 45 mg per 24 hrs

NB Clonazepam can also be used as Midazolam

Alternative. Has longer acting & can be given once daily

s/c injection or as oral or s/l drops.

Typical dose 1 – 5 mg per 24 hrs

See Macleod A. Delirium: Diagnosis, Aetiology & Management
New Ethicals March/April 2002

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