Acute Confusional State

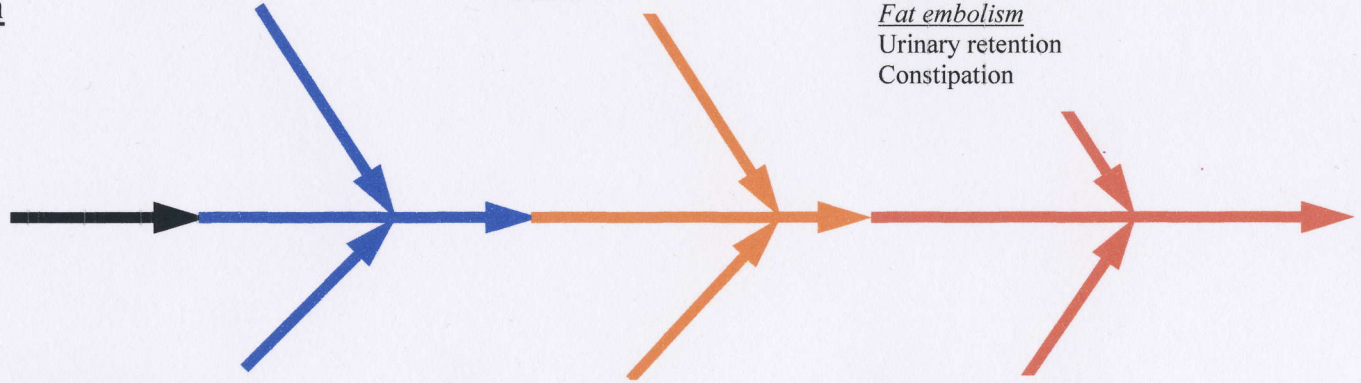
Suspected Delirium

Patient Presentation
Disorientated
Hallucinating
Aggressive
Restless
Altered Conscious levels
Non compliance
Paranoia
Altered Mood

Communication
Identify any communication barriers
Check for:-
Hearing aids
Glasses
Languages issues
Dentures
Intoxication

Observations
BP, P, Resp Rate, Sats, BM
Observe for signs of infection, consider:-
Chest Infection
UTI
Wound Site
Cellulites
Ulcers

Investigations
Ward sample of Urine
Send MSU/CSU if ward sample is positive
Bloods—any electrolyte imbalance
Troponium T
Hypoxia
Hypo/hypervolaemia
Consider DVT/PE
Fat embolism
Urinary retention
Constipation



Refer to Medical Team

Assessment
Mechanism of injury
Sleep patterns
Post traumatic stress
History from family and carers
Talk to GP re:- Past medical history, including medications.
Identify any addictive/ dependency issues e.g. alcohol, sedatives, tobacco etc

Pain
Is Analgesia appropriate?
Identify site of pain
Consider compartment syndrome
For advice contact pain team —

T and O team review
ECG
Chest X-ray
Arterial blood gases
Lactate
Blood Cultures
CRP as clinically indicated
Consider VQ scan or CT scan
Consder any other clinical investigations as indicated.
All discussions/results to be documented in medical

Physiological causes must be excluded in all cases of acute confusional states.	**Consider all relevant risk assessment tools e.g. falls, manual handling etc.**	**Consider capacity issues as indicated, including assessment under the mental capacity act if required**